

Missouri Department of
Health and Senior Services



FY 2009 Budget Request Governor's Recommendations

Appropriation Summaries

Jane Drummond, Director

Department of Health and Senior Services

Fiscal Year 2009 Budget

Appropriation Summaries

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DHSS Director's Office

What does this appropriation support?

The Director's Office includes the department director, deputy department director, and other senior management staff that provide administrative leadership, support, coordination, and oversight for the entire Department of Health and Senior Services (DHSS). In addition, the department has centralized human resources, government policy, legislation, legal affairs and special investigations, public information, and strategic planning services in the Director's Office. This centralized approach has allowed DHSS to deliver services in a more efficient and consistent manner to both departmental employees and Missouri citizens. The Department of Health was established in 1985 under Senate Bill 25. On August 28, 2001, the Division of Aging, formerly under the Department of Social Services, was consolidated with the Department of Health as a result of an executive order to form the newly named Department of Health and Senior Services. The reorganization united aging and public health programs for the state and allowed both agencies to better integrate their services and resources. The Office of the Director, which includes the Boards of Health and Senior Services, serves as the focal point for leadership and coordination across the department. The director articulates and reinforces the department's vision and goals to the programs within the department and provides advice and counsel on public health and senior services issues to the Governor and the Legislature. The director of the Department of Health and Senior Services facilitates the department's partnership with local public health agencies, Area Agencies on Aging, and other organizations addressing public health and senior issues.

Where is the program located?

The Director's Office is located in Jefferson City.

What is the authorization for this program?

State statutes: Chapter 192, RSMo. (Department); Section 191.400, RSMo. (State Board of Health); Section 660.062, RSMo. (State Board of Senior Services); Sections 565.186, 660.260, and 660.305, RSMo. (Office of Special Investigations).

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, Title XIX Medicaid requires a 50 percent match (Office of Special Investigations).

Does this program generate other revenues?

No.

DHSS Budget Book Reference, Director's Office Program, Page 42

Governor Recommended New Decision Items:

Not applicable.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$1,178,600	\$1,189,652	\$1,057,476	\$1,113,521
FEDERAL	\$1,733,251	\$1,557,288	\$1,784,552	\$1,996,654
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$2,911,851	\$2,746,940	\$2,842,028	\$3,110,175

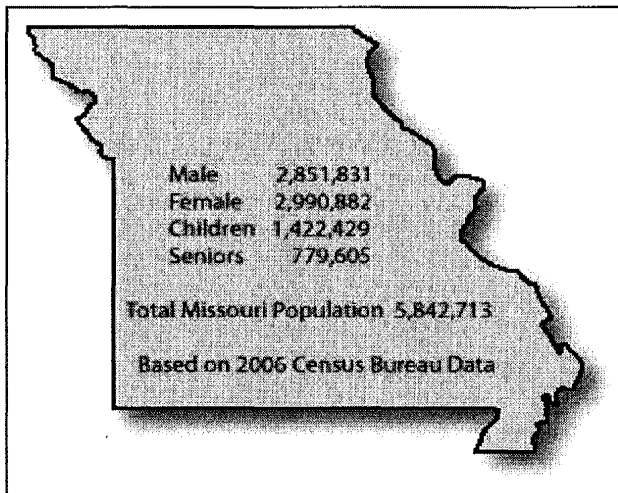
What are the sources of other funds?

Not applicable.

Who is eligible?

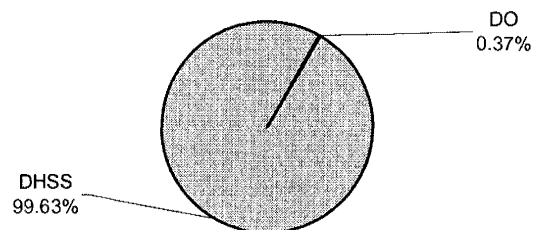
Not applicable.

How many people have been served?

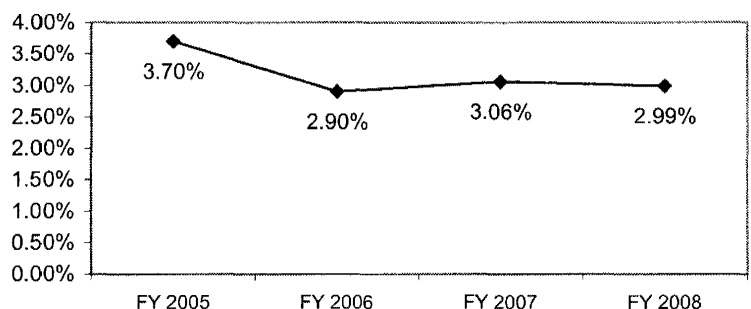


Efficiency and Effectiveness Measures:

FY 2007 Director's Office (DO) Funding Compared to Department (DHSS) Total Funding



Director's Office FTE as a Percentage of Total Department FTE



Director's Office - Employee Disqualification List

What does this appropriation support?

The Employee Disqualification List (EDL) Program manages all aspects of the statutorily mandated EDL process including complaint investigations indicating possible abuse, neglect, misappropriation of funds or property, or falsification of service delivery documents by employees of all entities licensed under Chapter 197 (hospitals, hospice, home health agencies, ambulatory surgical units), long term care facilities, in-home service providers, consumers, or vendors. Complaints are received and reviewed, and appropriate individuals are referred to the EDL. In addition, requests for hearings prior to placement on the EDL are received and processed by the EDL Unit. The EDL mainframe database is managed by the unit, including all additions or corrections. Requests for provider access to the automated EDL checking systems are reviewed by the EDL Unit personnel for approval. EDL Unit personnel also handle any questions about or problems with the automated systems. The full EDL is prepared once annually in January, with quarterly updates in April, July, October, and December and is available on the DHSS' website for providers with access to the automated EDL system.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 197.500, 198.070, 198.090, 660.315, 660.300, 660.305, 208.912, and 208.915, RSMo.
Federal regulation: 42CFR483.13, 42CFR483.156, and 42CFR488.335.

Is this a federally mandated program?

Yes, the EDL Program fulfills the requirements of 42CFR483.13, 42CFR483.156, and 42CFR488.335 requiring a state procedure for reporting findings to licensing boards and adding indicators to the Nurse Aid Registry for certified nurses aids who have abused or neglected residents or misappropriated funds or property.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$191,637	\$135,132	\$53,864	\$53,864
FEDERAL	\$9,671	\$6,272	\$90,307	\$90,307
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$201,308	\$141,404	\$144,171	\$144,171

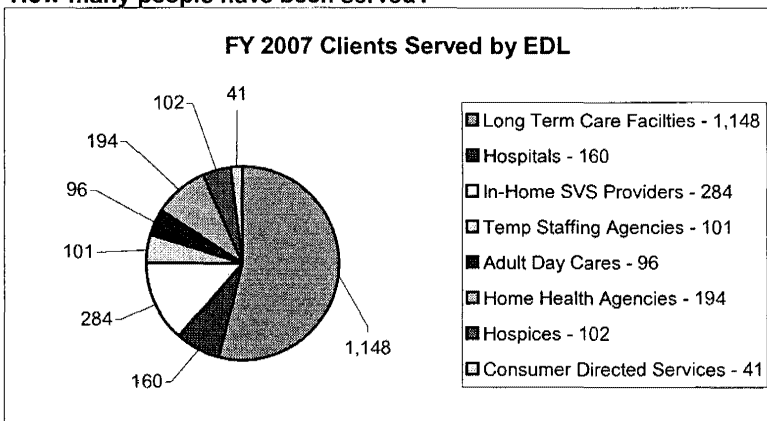
What are the sources of other funds?

Not applicable.

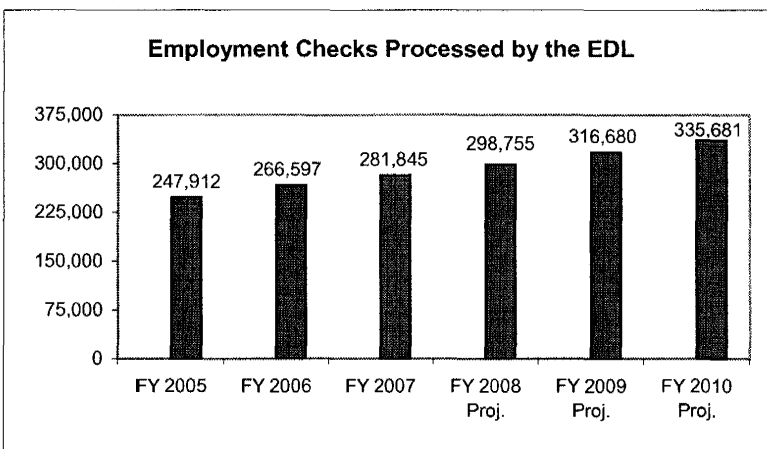
Who is eligible?

Not applicable.

How many people have been served?



Efficiency and Effectiveness Measures:



Fiscal Year	Investigations Conducted	Individuals Referred to the EDL
FY 2005	246	164
FY 2006	184	125
FY 2007	219	137
FY 2008 Proj.	237	148
FY 2009 Proj.	256	160
FY 2010 Proj.	276	173

Division of Administration

What does this appropriation support?

The Division of Administration provides administrative and financial support services for the Director's Office and the programmatic divisions of the department. The goal is to assist the efforts of the programmatic divisions to provide services to Missourians in a cost-effective manner that assures fiscal accountability for taxpayer dollars. The division provides training, consultation, and oversight for program managers throughout the department to help them efficiently manage an annual departmental budget of over \$837 million. The division processes all grant applications, initiates federal draws related to grants, and prepares required federal and state financial reports. In addition, the division reviews and processes all contracts and procurements to ensure that services and commodities are economically obtained; processes all payments to vendors; maintains an inventory of physical assets to ensure the fiscal integrity of state property; operates warehouse, delivery, and mailroom services for the department; and works with the Office of Administration to manage building leases and related issues that arise with a workforce that operates out of state office buildings and leased facilities spread across the state. All departmental operational expenditures are paid from the Division of Administration's appropriations. These are costs such as telecommunications, postage, vehicle equipment, and maintenance. The division also prepares the departmental budget submission and responds to budget-related inquiries and fiscal note requests from the Office of Administration and the General Assembly.

Where is the program located?

The Division is located in Jefferson City.

What is the authorization for this program?

State statutes: Sections 34.030, 34.100, RSMo. and 1 CSR 40-1.040 (Procurement); Chapter 37, RSMo (Forms Management); Section 33.080, RSMo (Fee Receipts); Sections 33.320, 33.085, 33.805, 33.812, RSMo (Budget Services); 1 CSR 30-6.0101 through 1 CSR 30-6.50 (General Services); 1 CSR 35-2.030.2 (Leasing); Cooperative Agreement with OA for payment processing, Internal Control Plan (Accounts Payable); Section 37.450, RSMo and MO Admin Policy SP-4 State Vehicles (Fleet Management). Federal law: Cash Management Improvement Act of 1990 and 1992 (Funds Accounting). Federal regulation: OMB A-102.20 and .21, OMB A-87 and IRS Tax Code.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

Not applicable.

DHSS Budget Book, Division of Administration, Page 62

Governor Recommended New Decision Items:

Not applicable.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$831,628	\$703,444	\$761,244	\$788,642
FEDERAL	\$4,570,582	\$3,709,452	\$5,131,406	\$5,125,609
OTHER	\$279,393	\$712,615	\$644,847	\$643,730
TOTAL	\$5,681,603	\$5,125,511	\$6,537,497	\$6,557,981

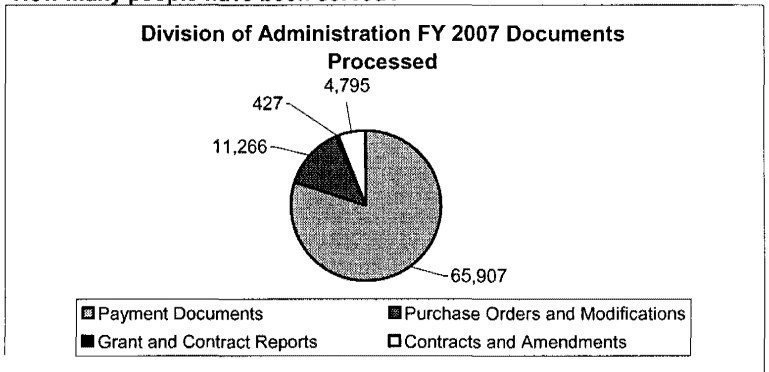
What are the sources of other funds?

Nursing Facility Quality of Care (0271), Health Access Initiative (0276), Mammography (0293), Missouri Public Health Services (0298), Professional and Practical Nursing Loans (0565), Department of Health and Senior Services Document Services Fund (0646), Department of Health-Donated (0658), Organ Donor Program (0824), and Childhood Lead Testing (0899).

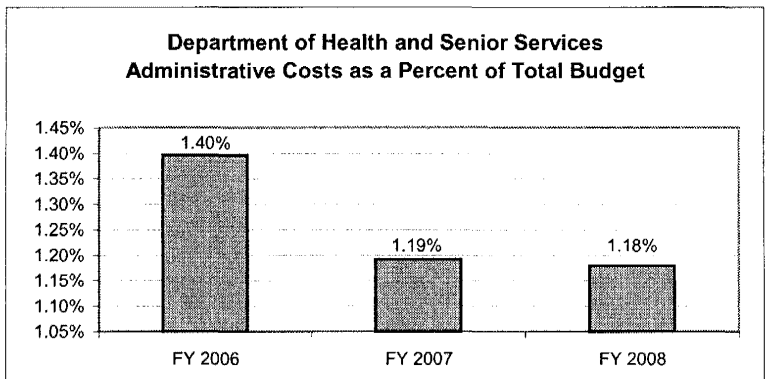
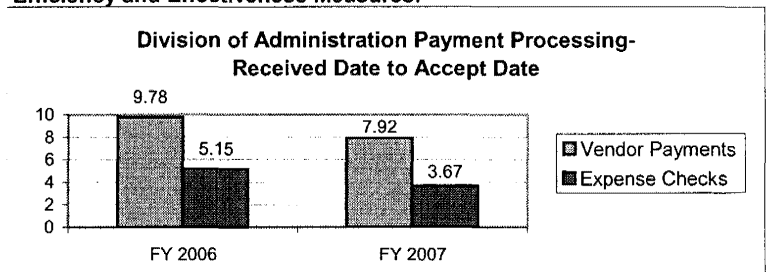
Who is eligible?

Not applicable.

How many people have been served?



Efficiency and Effectiveness Measures:



Administration - Health Initiatives Fund Transfer

What does this appropriation support?

This appropriation simply transfers monies from the Health Initiatives Fund (which derives its revenue from a tax on cigarettes and tobacco products) to the Health Access Incentives Fund, from which DHSS expends funds for the Primary Care Resource Initiative for Missouri (PRIMO) Program.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$3,143,772	\$3,143,773	\$3,241,003	\$3,241,003
TOTAL	\$3,143,772	\$3,143,773	\$3,241,003	\$3,241,003

Where is the program located?

Not applicable.

What are the sources of other funds?

Health Initiatives (0275).

What is the authorization for this program?

State statutes: Section 191.831, RSMo.

Who is eligible?

Not applicable.

Is this a federally mandated program?

No.

How many people have been served?

Not applicable.

Are there federal matching requirements?

No.

Efficiency and Effectiveness Measures:

Not applicable.

Does this program generate other revenues?

No.

Administration - Debt Offset Escrow

What does this appropriation support?

This core request allows the Department of Health and Senior Services to intercept tax refunds from individuals who fail to meet their obligations under the Health Professional Student Loan Repayment Program and Nursing Student Loan and Loan Repayment Programs. The use of the funding is dependent upon the number of loan defaults and the amount of tax refund monies to which the borrower is entitled.

Where is the program located?

Not applicable.

What is the authorization for this program?

State statutes: Sections 143.784 - 143.788, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$1,642	\$15,000	\$15,000
TOTAL	\$0	\$1,642	\$15,000	\$15,000

What are the sources of other funds?

Debt Offset Escrow (0753).

Who is eligible?

Not applicable.

How many people have been served?

Not applicable.

Efficiency and Effectiveness Measures:

Not applicable.

Administration - Refunds

What does this appropriation support?

The Department of Health and Senior Services (DHSS) must be able to return funds to citizens and other organizations in the event of an overpayment. Refund appropriations provide DHSS with the mechanism to process refunds in a timely manner. Examples of refunds processed include vital records, application for license fees, on-site sewage disposal construction permit fees, and DHSS training registration fees.

Where is the program located?

The funding enables the Division of Administration to issue refunds on behalf of any program in the department.

What is the authorization for this program?

Not applicable.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$16,826	\$13,687	\$15,922	\$16,414
FEDERAL	\$170	\$2,276	\$40	\$40
OTHER	\$86,280	\$53,524	\$44,696	\$44,696
TOTAL	\$103,276	\$69,487	\$60,658	\$61,150

What are the sources of other funds?

Nursing Facility Quality of Care (0271), Health Access Initiative (0276), Mammography (0293), Missouri Public Health Services (0298), Endowed Care Cemetery Audit (0562), Nurse Loans (0565), Department of Health and Senior Services Document Services Fund (0646), Department of Health-Donated (0658), Children's Trust (0694), and Debt Offset Escrow (0753).

Who is eligible?

Not applicable.

How many people have been served?

Not applicable.

Efficiency and Effectiveness Measures:

Not applicable.

Administration - Federal/Other Grants

What does this appropriation support?

The Department of Health and Senior Services is authorized to receive federal and other funds for health and senior related purposes. Federal grants and/or donated funds are used by the divisions if new grant funding is received during the fiscal year and inadequate appropriation authority exists. The chairs of the Senate Appropriation Committee, House Budget Committee, House Appropriations Committee on Health, Mental Health and Social Services, and the Commission of Administration are notified by DHSS prior to acceptance of funding through this mechanism.

Where is the program located?

Not applicable.

What is the authorization for this program?

State statutes: Section 192.025, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$2,042,980	\$2,655,500	\$3,000,001	\$3,000,001
OTHER	\$172,887	\$343,009	\$450,000	\$450,000
TOTAL	\$2,215,867	\$2,998,509	\$3,450,001	\$3,450,001

What are the sources of other funds?

Department of Health and Senior Services - Donated (0658).

Who is eligible?

Not applicable.

How many people have been served?

Not applicable.

Efficiency and Effectiveness Measures:

Not applicable.

Administration - DHSS Disaster Fund

What does this appropriation support?

SB 74 and 49 (2005) created the Department of Health and Senior Services Disaster Fund to ensure the department can accept special allocations made by the federal government in the event of a public health emergency. The legislation creating the new fund was modeled after Section 44.032, RSMo, which created the Missouri Disaster Fund. The State Emergency Management Agency has used the Missouri Disaster Fund successfully to aid disaster victims for many years. Use of the Department of Health and Senior Services Disaster Fund ensures the department will be able to quickly secure needed funding in order to respond rapidly in times of a state or national emergency.

Where is the program located?

This funding could be used statewide to ensure the department will be able to respond rapidly in times of a state or national emergency.

What is the authorization for this program?

State statutes: Section 192.326, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$1	\$1
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$1	\$1

What are the sources of other funds?

Department of Health and Senior Services Disaster (0178).

Who is eligible?

Not applicable.

How many people have been served?

Not applicable.

Efficiency and Effectiveness Measures:

Not applicable.

Governor Recommended New Decision Items:

Not applicable.

Division of Community and Public Health - Administration

What does this appropriation support?

The Division of Community and Public Health Administration provides leadership, oversight, and general supervision for the division staff and programs/initiatives in accordance with the mission, goals, and values of the department, including the following: compliance with state and federal laws and regulations; public health emergency preparedness; fiscal management; policy development; personnel and human resource management; strategic planning; assurance of effective and efficient programs through performance management, program evaluation, and continuous quality improvement; customer/client satisfaction; monitoring operations; and staff and resource development.

Where is the program located?

Statewide.

What is the authorization for this program?

Not applicable.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$949,143	\$941,967	\$922,731	\$951,269
FEDERAL	\$839,524	\$1,079,302	\$1,254,777	\$1,253,485
OTHER	\$64,102	\$3,366	\$4,878	\$4,884
TOTAL	\$1,852,769	\$2,024,635	\$2,182,386	\$2,209,638

What are the sources of other funds?

MO Public Health Services (0298), DHSS Document Services (0646), and DHSS Donated (0658).

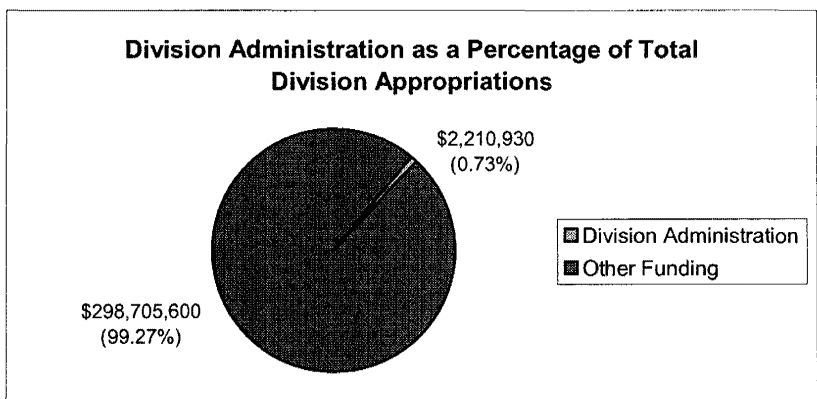
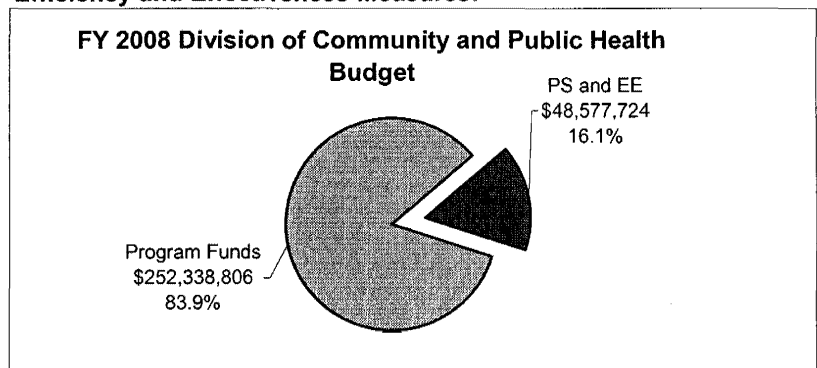
Who is eligible?

Not applicable.

How many people have been served?

Not applicable.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Community Health Information

What does this appropriation support?

This appropriation supports TEL-LINK, which is the Missouri Department of Health and Senior Service's toll-free telephone line for maternal, child and family health services. The purpose of TEL-LINK is to provide information and referrals concerning a wide range of health services. Callers are given referrals and then are transferred immediately to the appropriate agency. In addition, this appropriation supports staff in the Community Health Information program who provide services to programs in the Division of Community and Public Health related to informing the public on critical health issues and complementing program outreach efforts to expand the availability and use of both state and federal health assistance and service programs. These services include website development and maintenance; news releases to inform the public of new programs; development and design of consumer education materials; and outreach through marketing and earned media opportunities.

Where is the program located?

Statewide.

What is the authorization for this program?

Federal law: Omnibus Budget and Reconciliation Act (OBRA 89).

Is this a federally mandated program?

Yes, TEL-LINK is federally mandated based on the Omnibus and Reconciliation Act (OBRA 89).

Are there federal matching requirements?

The TEL-LINK program is supported by the Maternal and Child Health (MCH) Block Grant, which requires a \$3 non-federal/\$4 federal match.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$59,067	\$438,551	\$469,460	\$483,979
FEDERAL	\$245,681	\$508,777	\$633,138	\$628,836
OTHER	\$161,244	\$312,613	\$524,392	\$524,392
TOTAL	\$465,992	\$1,259,941	\$1,626,990	\$1,637,207

What are the sources of other funds?

Department of Health and Senior Services Document Services (0646).

Who is eligible?

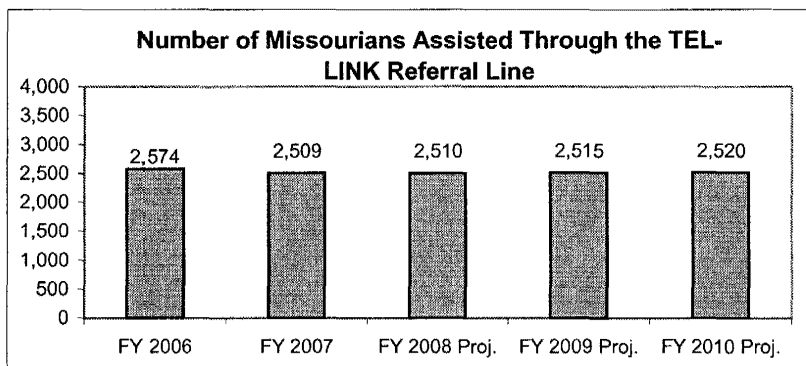
Any individual in Missouri may call the TEL-LINK information and referral line. Callers are transferred to appropriate agency or treatment centers for health services related to the maternal and child health population.

How many people have been served?

The TEL-LINK referral line serves approximately 2,500 individuals each year.

Efficiency and Effectiveness Measures:

Requests for Project Support from the Office of Community Health Information				
	Received	Completed	Pending	Completed %
FY 2006	241	241	0	100%
FY 2007	251	249	2	99%
FY 2008 Proj.	258	258	0	100%
FY 2009 Proj.	265	265	0	100%
FY 2010 Proj.	273	273	0	100%



Division of Community and Public Health - Healthcare Data Analysis and Dissemination

What does this appropriation support?

This program collects, analyzes, and prepares health data and statistics as well as coordinates the publication of much of the data and statistics on the department's website. The program is coordinated with the National Center for Health Statistics, which facilitates the collection of comparable vital records statistical data (e.g., births, deaths, fetal deaths, marriages, dissolutions) across all states to evaluate the health status of the nation. The program also collects and analyzes patient abstract data and healthcare-associated infection data submitted by hospitals and ambulatory surgical centers and analyzes data related to injuries in Missouri.

The program also developed and maintains the Missouri Information for Community Assessment (MICA) System in order to increase health data transparency by making health data accessible at the local level, through an easy-to-use format. This is an interactive system that allows users to summarize data on health conditions, calculate rates, and prepares information in a graphic format for presentation. MICA also provides statistics regarding Missouri resources in the areas of health manpower and health care resources, as well as statistics on hospital revenues and financial data.

Where is the program located?

Statewide.

What is the authorization for this program?

Sections 192.067, 192.665 - 192.667, and 193.045, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

Yes, special data requests and/or data files for health researchers or the public are provided for \$40 per hour plus file access fees, depending on the file used.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$111,685	\$3,599	\$3,744	\$3,860
FEDERAL	\$641,100	\$239,559	\$299,229	\$299,229
OTHER	\$379,597	\$170,030	\$612,661	\$612,661
TOTAL	\$1,132,382	\$413,188	\$915,634	\$915,750

What are the sources of other funds?

Missouri Public Health Services (0298), Department of Health and Senior Services Document Services (0646), and Department of Health - Donated (0658).

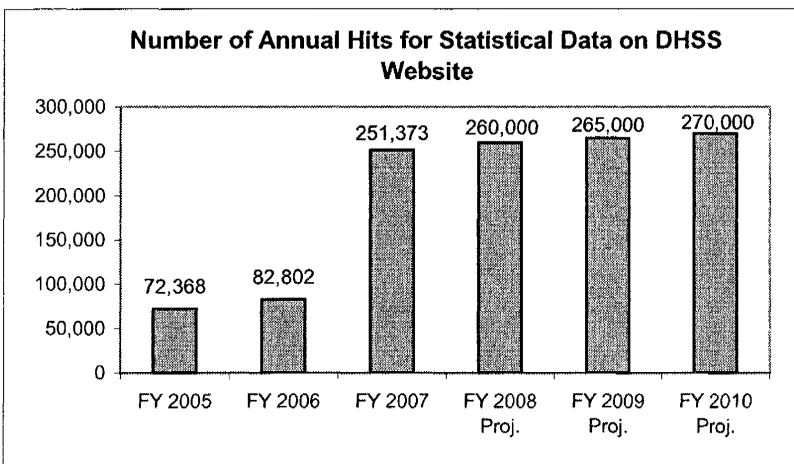
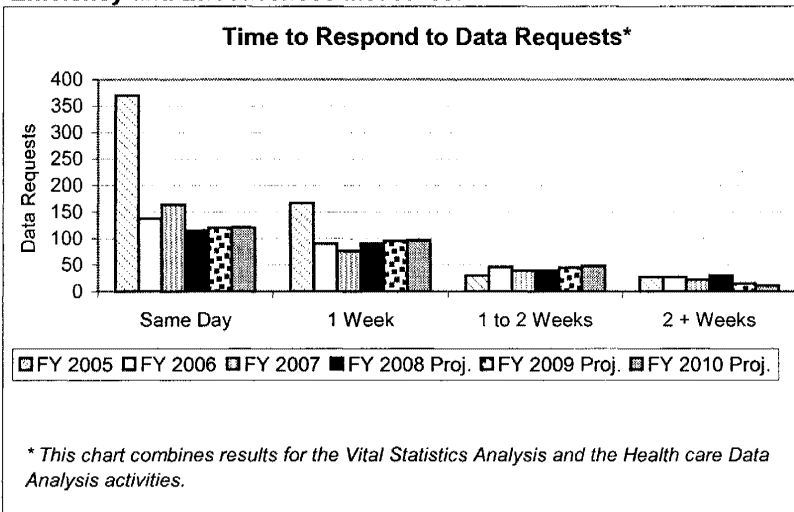
Who is eligible?

Not applicable.

How many people have been served?

Not applicable.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Vital Records - Birth & Death Certificates

What does this appropriation support?

This program maintains the central registry of births, deaths and fetal death reports for the State of Missouri. It also corrects vital records as authorized by law; files the records and issues certified copies of the records, and prepares new certificates as a result of adoptions and legitimations. Other activities include providing confidential verifications; conducting workshops; providing technical assistance and guidance for local registrars, hospital personnel, funeral directors, medical examiners/coroners, physicians and other data providers to ensure that registration of these records is prompt, legible, and complete. The program also provides vital records for use in the preparation and publication of vital statistics data; and participates in research projects.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 193.005 - 193.325, 194.005 - 194.512, 453.100, and 453.170, RSMo.; Chapters 58 and 333, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

Fee revenue is generated for providing a certified copy of the vital record; processing of court orders; providing statistical information to National Center for Health Statistics, processing of Enumeration at Birth required by Social Security Administration, Consumer Product Safety Commission and others entitled to receive data and assist in the cost of generating these data. These fees are deposited into the following funds: General Revenue, Children's Trust Fund, Endowed Care Cemetery Fund, and Missouri Public Health Services Fund.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$580,460	\$707,716	\$735,664	\$758,416
FEDERAL	\$58,769	\$24	\$23	\$23
OTHER	\$145,226	\$101,257	\$207,049	\$207,049
TOTAL	\$784,455	\$808,997	\$942,736	\$965,488

What are the sources of other funds?

Missouri Public Health Services (0298), Department of Health and Senior Services - Document Services (0646), Department of Health - Donated (0658), and Putative Father Registry (0780).

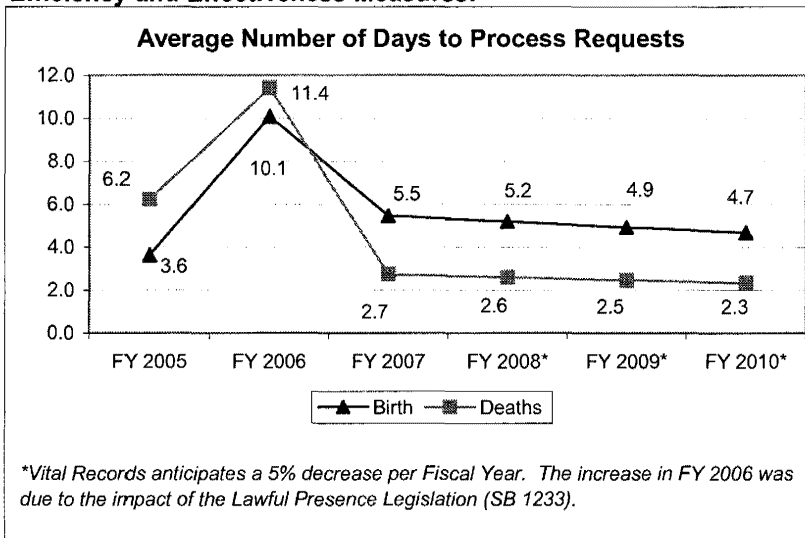
Who is eligible?

This program serves individuals that have a direct and tangible interest in a Missouri vital record. Certificates can be issued for a Missouri vital event to any eligible applicant or registrant.

How many people have been served?

- 85,967 births filed in FY 2007;
- 56,462 deaths filed in FY 2007;
- 63,329 certified birth certificates issued in FY 2007; and
- 13,878 certified death certificates issued in FY 2007.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Vital Records - Marriage and Dissolution of Marriage

What does this appropriation support?

The program maintains the central registry of reports of marriage and dissolutions of marriages for the State of Missouri. The registry of marriages and dissolution of marriages extends back to 1948. The program also issues statements relating to these events.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 193.185 and 193.205, RSMo.; Chapters 59, 451, and 452, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

Fee revenue is generated for providing a certified copy of vital records and deposited into the following funds: General Revenue, Children's Trust Fund, Endowed Care Cemetery Fund, and Missouri Public Health Services Fund.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$128,283	\$156,406	\$162,582	\$167,610
FEDERAL	\$12,988	\$5	\$7	\$7
OTHER	\$32,095	\$22,378	\$45,759	\$45,759
TOTAL	\$173,366	\$178,789	\$208,348	\$213,376

What are the sources of other funds?

MO Public Health Services (0298); Department of Health and Senior Services Document Services (0646); Department of Health - Donated Fund (0658); and Putative Father Registry (0780).

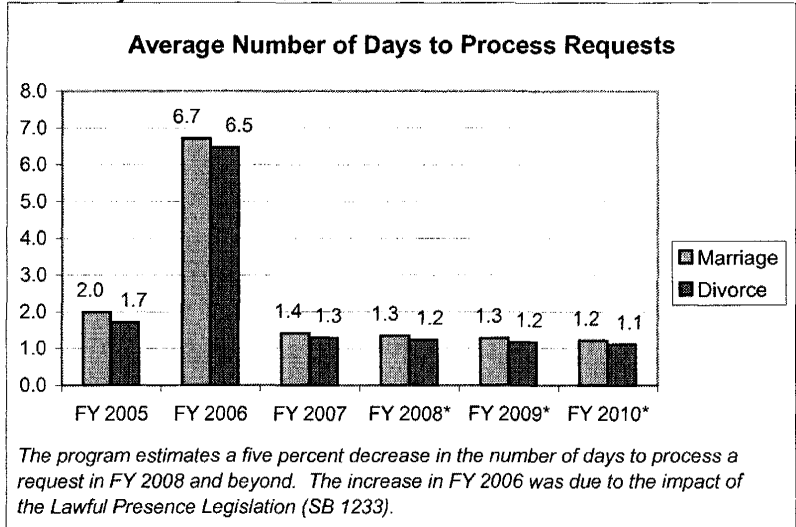
Who is eligible?

This program serves individuals that have a direct and tangible interest in a Missouri vital record. Certificates can be issued for a Missouri vital event to any eligible applicant or registrant.

How many people have been served?

- 39,586 marriage reports filed in FY 2007;
- 22,584 dissolution of marriage reports filed in FY 2007;
- 2,224 certified statements of marriage issued in FY 2007; and
- 527 certified statements of dissolution issued in FY 2007.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Vital Records - Putative Father Registry/Paternity Affidavits

What does this appropriation support?

This program maintains the Putative Father Registry. This Registry allows a man to "officially" claim he is the father of a child born outside of marriage. A man may want to do this before paternity is legally established if he cannot find the child's mother or if the mother doesn't want to establish paternity for the child. He may place his name on the registry before the child's birth or within 15 days of the child's birth. The registry is used in adoption proceedings to identify the child's father, and promptly secure his consent to proceed with the adoption. A man's name is added to the Putative Father Registry when a court order is entered saying he is the legal father. A man can also add his name to the registry by filing a Notice of Intent to Claim Paternity or Voluntary Acknowledgment of Paternity form. Filing the notice of Intent to Claim Paternity does not establish paternity, but it does create an official record of the man's intention to be acknowledged as the father of the child.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 192.016, 193.087, 193.215, and 453.100, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$43,981	\$31,324	\$38,748	\$38,748
OTHER	\$27,634	\$65,210	\$100,330	\$100,330
TOTAL	\$71,615	\$96,534	\$139,078	\$139,078

What are the sources of other funds?

Putative Father Registry (0780).

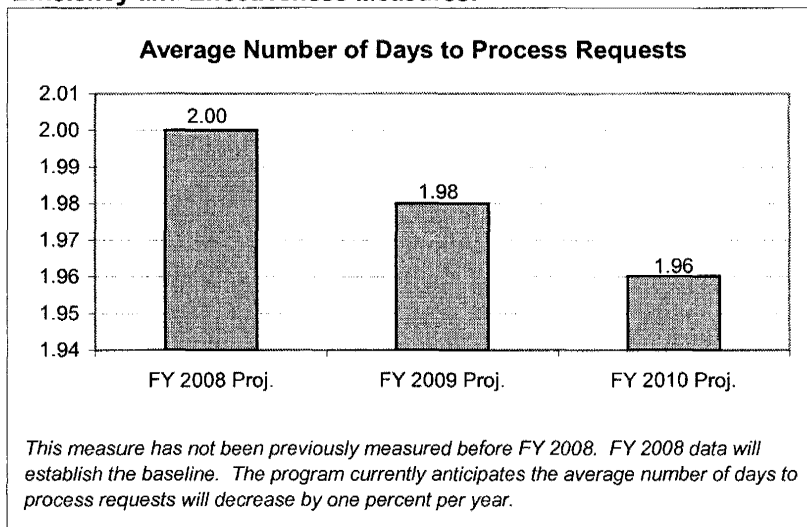
Who is eligible?

This program serves men who are fathers (or believe they are fathers) of children born outside of marriage.

How many people have been served?

25,915 paternity affidavits were processed during Fiscal Year 2007.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Missouri Cancer Registry

What does this appropriation support?

State based cancer registries are data systems that collect, analyze and manage data about cancer incident cases. In each state, medical facilities report these data to a central cancer registry. This program was established by Congress through the Cancer Registries Amendment Act in 1992 and is administered by the Centers for Disease Control and Prevention. Data are collected on the occurrence of cancer, the type, extent, and location of the cancer, and the type of initial treatment.

Where is the program located?

Statewide.

What is the authorization for this program?

State statute: 192.650 - 192.657, RSMo.

Federal law: Public Law 102-515.

Is this a federally mandated program?

Yes, the Missouri Cancer Registry is federally mandated by Public Law 102-515.

Are there federal matching requirements?

Yes, the grant has a 3:1 in-kind matching requirement which is satisfied by hospitals and other cancer reporting facilities throughout the state and the University of Missouri, Columbia.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$2,011,961	\$1,325,089	\$1,689,908	\$1,616,884
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$2,011,961	\$1,325,089	\$1,689,908	\$1,616,884

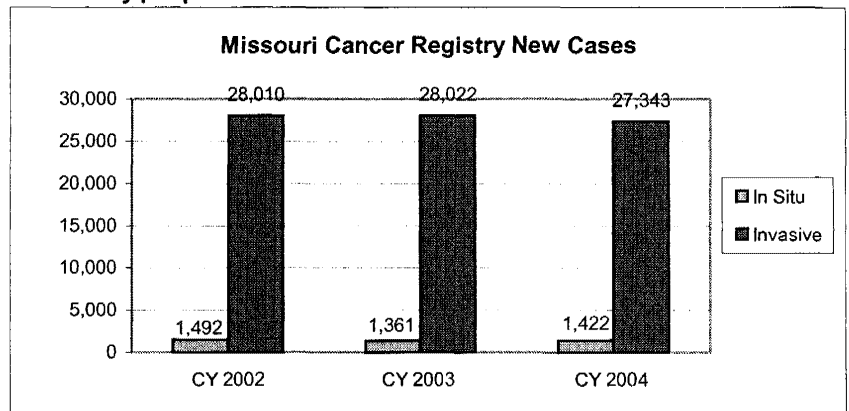
What are the sources of other funds?

Not applicable.

Who is eligible?

Not applicable.

How many people have been served?



Efficiency and Effectiveness Measures:

North American Association of Central Cancer Registrars (NAACCR) (Figures below represent ratings for Missouri.)				
	FY 2002	FY 2003	FY 2004	FY 2005
Completeness of reporting	93.40%	95.40%	95.40%	97.80%
Type of Certification	Silver	Gold	Gold	Gold

Division of Community and Public Health - Behavioral Risk Factor Surveillance System (BRFSS)

What does this appropriation support?

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual, state-based, cross-sectional telephone health survey that generates information about health risk behaviors, clinical preventive practices, and health care access and utilization primarily related to chronic diseases and injury. BRFSS provides epidemiological consultation and other services to a range of chronic disease programs such as: Diabetes, Arthritis, and Heart Disease and Stroke Prevention.

Where is the program located?

Statewide.

What is the authorization for this program?

Federal law: Behavioral Risk Factor Surveillance System 42 USC Sec 301 (a)317(k).

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

Yes, entities requesting survey information are charged and the revenue is used to support data collection and analysis.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$5,290	\$0	\$0	\$0
FEDERAL	\$380,329	\$420,230	\$536,959	\$515,141
OTHER	\$0	\$132	\$500	\$500
TOTAL	\$385,619	\$420,362	\$537,459	\$515,641

What are the sources of other funds?

Dept of Health -Donated (0658).

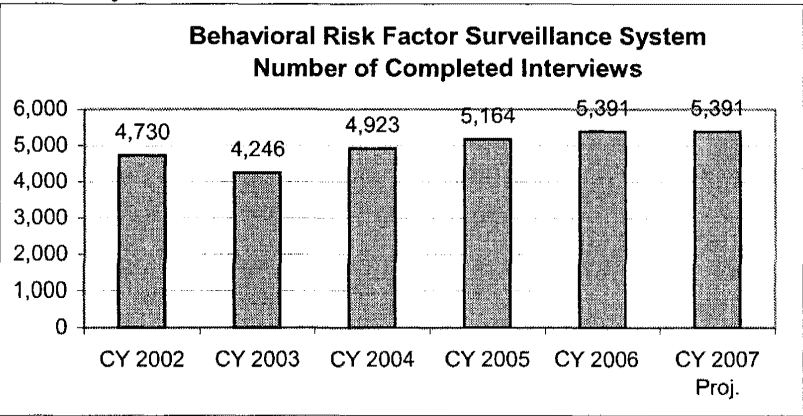
Who is eligible?

BRFSS interviews are conducted only with adults, over age 18.

How many people have been served?

Not applicable.

Efficiency and Effectiveness Measures:



Governor Recommended New Decision Items:

Not applicable.

Division of Community and Public Health - Disease Outbreak Response

What does this appropriation support?

This appropriation supports activities directed at the prevention of infectious disease threats to Missouri's population and to respond to public health emergencies. The reports of possible potentially dangerous infectious disease cases are being processed nearly every day, priorities are being assigned, and appropriate action taken to investigate the nature of the event and prevent further spread. Due to this process, communicable disease outbreaks in the State are either terminated or limited, thereby providing significant cost-savings to the Missouri economy. The process of outbreak detection includes daily monitoring of surveillance data, reports from the local health departments, and responding to calls from Missouri citizens. Epidemiology programs for chronic diseases and maternal and child health monitor overall health trends in those areas in Missouri, identify problems, develop interventions, and evaluate existing interventions. Only personnel trained in communicable disease issues are able to respond, and include the State and Medical Epidemiologists.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 192.006 and 192.020, RSMo.; 19CSR 20-20.040.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$169,894	\$284,690	\$295,378	\$304,513
FEDERAL	\$84,185	\$44,818	\$64,215	\$62,377
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$254,079	\$329,508	\$359,593	\$366,890

What are the sources of other funds?

Not applicable.

Who is eligible?

Epidemiology and Outbreak Investigations is a population based response that can be applied to any geographic area or region of that state that is at risk due to an outbreak. Individuals (cases) may be followed up to prevent and control the spread of such outbreaks to protect larger population groups at risk.

How many people have been served?

The outbreak could involve only one person, if an extremely dangerous infection is suspected, or hundreds of people in the case of respiratory or gastrointestinal infection. The chronic disease and maternal child health programs serve large population groups, including cities/counties, regions, or the entire State of Missouri.

Efficiency and Effectiveness Measures:

Services Provided to Stakeholders			
Outbreak Investigations	CY 2005	CY 2006	CY 2007 Proj.
Eastern Region	Not available	14	14
North Central Region	Not available	3	3
South East Region	Not available	2	2
South West Region	Not available	5	5
North West Region	Not available	11	11
Totals	45	35	35

Due to several medical epidemiologist position vacancies, the OOE was involved in fewer outbreak investigations in CY 2006 and CY 2007.

Epidemiological Training Sessions			
	CY 2005	CY 2006	CY 2007 Proj.
Number of Trainings	12	12	12
Number of Participants	434	427	430

Division of Community and Public Health - Pregnancy Risk Assessment Monitoring System

What does this appropriation support?

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. The goal of PRAMS is to improve the health of mothers and babies in Missouri. This program provides a range of epidemiological expertise for Maternal, Child Health programs, such as: Home Visiting, School Health, Special Health Care Needs, Preconception/Healthy Birth Outcomes, and Newborn Screening.

Where is the program located?

Statewide.

What is the authorization for this program?

Not applicable.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$151,264	\$228,375	\$288,436	\$281,541
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$151,264	\$228,375	\$288,436	\$281,541

What are the sources of other funds?

Not applicable.

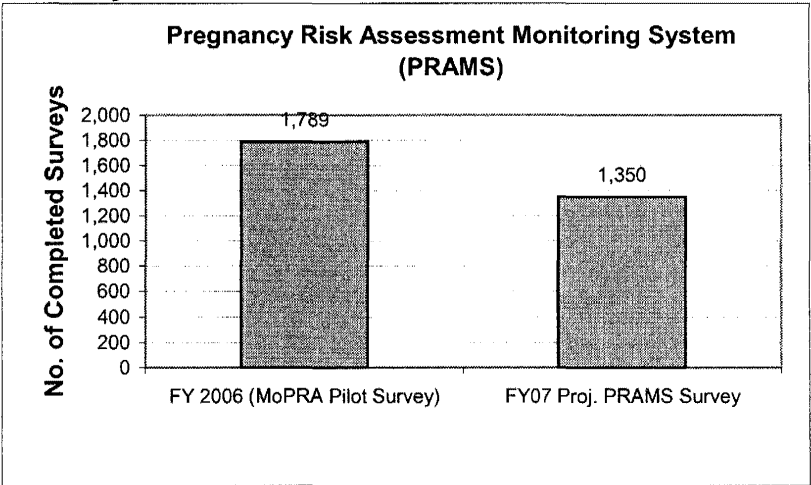
Who is eligible?

Not applicable.

How many people have been served?

Not applicable.

Efficiency and Effectiveness Measures:



Governor Recommended New Decision Items:

Not applicable.

Division of Community and Public Health - Nutritional Surveillance

What does this appropriation support?

The Pediatric Nutrition Surveillance System (PedNSS) and the Pregnancy Nutrition Surveillance System (PNSS) are the national surveillance systems created and maintained by the Centers for Disease Control and Prevention (CDC). The purpose of PedNSS is to monitor the growth status of children of low-income families in federally funded maternal and child health programs. The purpose of PNSS is to monitor maternal health and behavioral indicators associated with birth outcomes among low-income pregnant women participating in federally funded maternal and child health programs. PedNSS and PNSS are unique datasets. They are the largest, most diverse datasets available on infants, children, and women from low-income families. They help to determine risk factors to assist in planning interventions to solve nutrition-related health problems among the state's WIC participants.

Where is the program located?

Statewide.

What is the authorization for this program?

Not applicable.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$41,919	\$44,344	\$57,207	\$56,318
OTHER	\$2,745	\$0	\$0	\$0
TOTAL	\$44,664	\$44,344	\$57,207	\$56,318

What are the sources of other funds?

Department of Health and Senior Services Document Services (0646).

Who is eligible?

Mothers, infants, and children.

How many people have been served?

Not applicable.

Efficiency and Effectiveness Measures:

*Dates for the PedNSS and PNSS Reports Completed/Posted on the Web				
	2005 Report		2006 Report-Proj.	
	Completed	Posted	Completed	Posted
PedNSS	Aug-07	Sep-07	May-08	Jun-08
PNSS	Apr-07	May-07	Mar-08	Apr-08
*Dates for the PedNSS and PNSS Reports Completed/Posted on the Web				
	2007 Report-Proj.		2008 Report-Proj.	
	Completed	Posted	Completed	Posted
PedNSS	May-09	Jun-09	May-10	Jun-10
PNSS	Mar-09	Apr-09	Mar-10	Apr-10
*It involves more than a two-year time frame for the Centers for Disease Control and Prevention (CDC) to submit the data to the Nutritional Surveillance program for compilation of the reports.				

Division of Community and Public Health - Office on Women's Health

What does this appropriation support?

The Office on Women's Health provides recommendations to the director on issues affecting the health and well being of women; assists in the assessment of health needs of women; assists the director in identifying issues and establishing priorities for programs, services, and resources the department should provide; serves as a central location for information, resources, technical assistance, and consultation about women's health for the department, other state agencies, local health departments, and community based organizations; promotes coordination of and collaboration among programs and services in the department, other state agencies, local health departments, and community based organizations; and increases the visibility of the many factors affecting the health and well-being of women in Missouri.

Where is the program located?

Statewide.

What is the authorization for this program?

State statues: Sections 192.965 and 192.968, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

This program is supported by the Maternal and Child Health Services Block Grant, which requires a \$3 non-federal/\$4 federal match.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$2,652	\$54,532	\$87,366	\$90,068
FEDERAL	\$108,148	\$105,078	\$166,753	\$166,753
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$110,800	\$159,610	\$254,119	\$256,821

What are the sources of other funds?

Not applicable.

Who is eligible?

Not applicable.

How many people have been served?

Not applicable.

Efficiency and Effectiveness Measures:

National Women's Health Week 2007
Missouri ranked 1st in the nation for number of women pledging to have a preventative health screening in the next 90 days.
Missouri ranked 2nd in the nation for number of registered events.
Missouri ranked 6th in the nation for number of registered participants in the 8 week physical activity challenge.

Women's Health website hits	
CY 2006	17,100
CY 2007 Proj.	17,955

Women's Health Communication		
Network Survey Results:	CY 2006:	CY 2007 Proj.
Percent of counties reached	70%	74%
Percent who found network helpful	100%	100%
Percent who forwarded OWH emails to others	89%	93%

Division of Community and Public Health - Aid to Local Public Health Agencies (LPHA)

What does this appropriation support?

Aid to Local Public Health Agencies supports a minimal, yet effective public health presence in every city and county in Missouri. The program administers contracts that aid local health departments in the provision of essential public health services (core functions). Contract services include surveillance, investigation, and intervention in threats to health, whether caused by disease outbreaks, bioterrorism, emerging infections, food borne illnesses, or epidemics of chronic disease. The contract also supplements local capacity to inspect food and lodging facilities, enforce regulations, provide health education, assess community health and health resources, and identify leading health and safety problems in communities. The program works to strengthen Missouri's public health system by providing technical assistance to local agencies, working with external partners to assure training opportunities for public health workers, assessing capacity, and setting standards of excellence in public health practice. Funds are used as match for the Maternal and Child Health Block Grant and other department federal grants.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 167.181, 191.677, 191.668, 191.733, 192.020, 192.031, 192.072, 192.080, 192.090, 192.110, 192.510, 196.030, 196.045, 196.055, 196.240, 196.866, 196.951, 199.170-270, 199.350, 210.003, 210.050, 315.007, 322.140, 701.033, 701.326, 701.328, 701.336, and 701.343, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$8,748,652	\$8,742,060	\$8,750,641	\$9,021,279
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$8,748,652	\$8,742,060	\$8,750,641	\$9,021,279

What are the sources of other funds?

Not applicable.

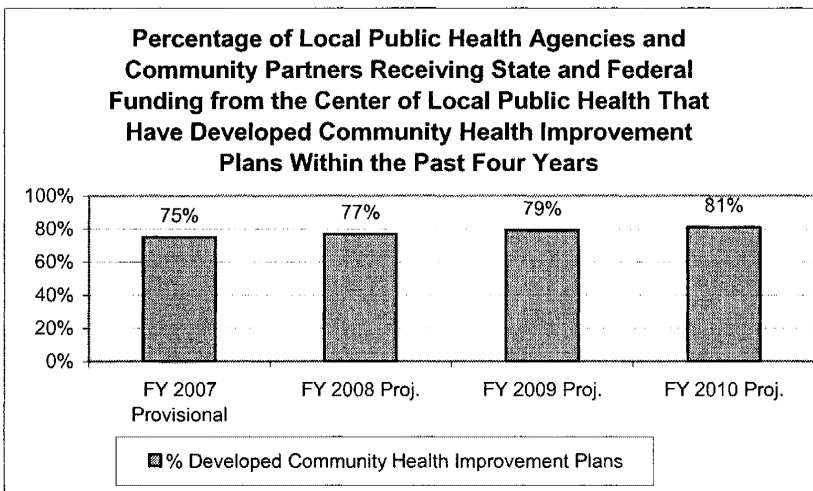
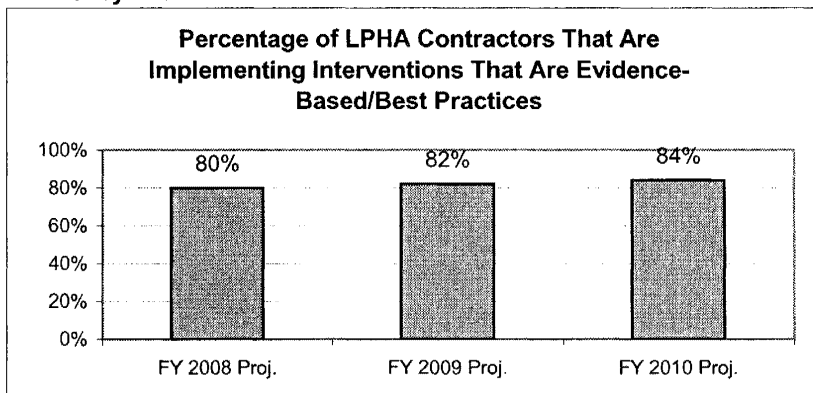
Who is eligible?

All of Missouri's local public health agencies.

How many people have been served?

All citizens of the state of Missouri are served by this program.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Center for Local Public Health Services

What does this appropriation support?

The goal of this Center is to strengthen Missouri's public health system in order to prevent disease and disability and to promote and protect the health of Missouri citizens. This goal is addressed in collaboration with communities, local public health agencies, other Department of Health and Senior Services programs, other state agencies, and external partners. Through a series of contracts, the Center supports services that include community development, child care consultation, and women's and children's health issues. In addition, the Center assures training opportunities for public health workers, assesses capacity, and sets standards of excellence for public health practice.

Where is the program located?

Statewide.

What is the authorization for this program?

State statute: Sections 192.020, 192.072, and 210.003, RSMo.
Federal law: Social Security Act Title V Sec 501.510.

Is this a federally mandated program?

No.

Are there federal matching requirements?

This Center is supported by the Maternal Child Health Block Grant, which requires a \$3 non-federal/\$4 federal match and maintenance of effort.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$341,400	\$283,272	\$727,993	\$750,508
FEDERAL	\$3,467,367	\$3,614,496	\$4,908,725	\$4,995,813
OTHER	\$377	\$0	\$0	\$0
TOTAL	\$3,809,144	\$3,897,768	\$5,636,718	\$5,746,321

What are the sources of other funds?

Department of Health - Donated Funds (0646).

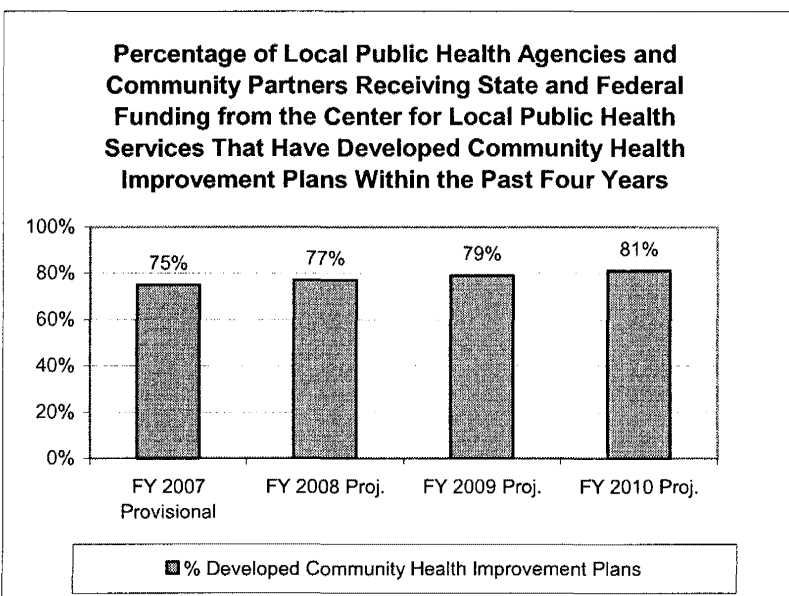
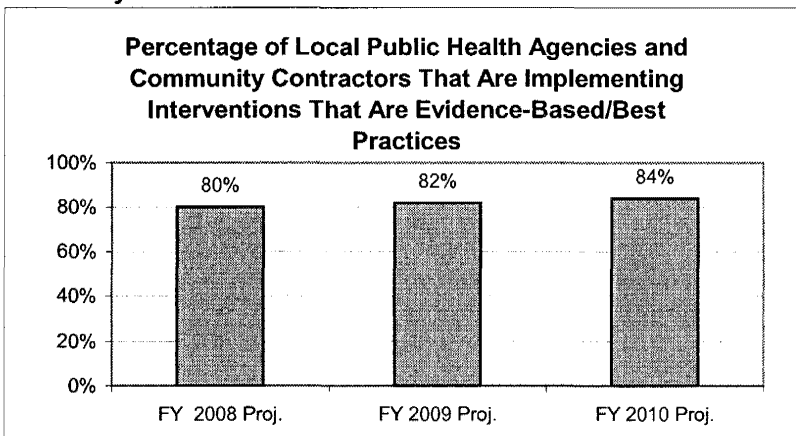
Who is eligible?

All of Missouri's local public health agencies and targeted communities.

How many people have been served?

All Missouri women of child bearing age and their children.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Tobacco Use Prevention and Cessation

What does this appropriation support?

This program uses evidence-based interventions to reduce the burden tobacco places on the health of Missourians by reducing youth initiation to tobacco use; promoting tobacco cessation among youth and adults; and eliminating exposure to secondhand smoke.

Where is the program located?

Statewide.

What is the authorization for this program?

Federal law: 42 USC Sec 301(a)317(k); 42 USC 1786.

Is this a federally mandated program?

No.

Are there federal matching requirements?

The Missouri Tobacco Use Prevention Program requires a 25 percent non-federal match.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$48,348	\$134,226	\$139,410	\$143,722
FEDERAL	\$1,553,986	\$1,391,055	\$1,810,170	\$1,753,298
OTHER	\$0	\$66,423	\$280,406	\$280,406
TOTAL	\$1,602,334	\$1,591,704	\$2,229,986	\$2,177,426

What are the sources of other funds?

Health Initiatives (0275); Healthy Families Trust (0625); and Dept of Health - Donated Funds (0658).

Who is eligible?

All tobacco users are eligible to use the Missouri Tobacco Quitline for a one-call service; those who are uninsured, Medicaid eligible or pregnant are eligible for a multi-call service.

How many people have been served?

	Quitline calls			
	FY 2005	FY 2006	FY 2007	FY 2008 Proj.*
Medicaid	78	342	1,329	3,475
Uninsured	110	419	1,276	3,375
Pregnant	4	18	64	100
Other	174	592	1,027	1,550
All calls	366	1,371	3,696	8,500

*A \$1 million grant from the Missouri Foundation for Health to supplement the Quitline with nicotine replacement therapy is anticipated beginning January 1, 2008.

Efficiency and Effectiveness Measures:

Annual per capita spent for total medical costs due to smoking = \$366
Cost per Medicaid/uninsured smoker to receive calls / patches = \$285
For each smoker that quits, the investment would break even in less than 10 months.

Division of Community and Public Health - Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases (NPAO)

What does this appropriation support?

This program's goal is to increase the number of organizations/agencies using evidence-based interventions and best practices to prevent obesity and other chronic diseases. NPAO began in FY 2004 when the Centers for Disease Control and Prevention (CDC) awarded Missouri a cooperative agreement for capacity building. Evidence-based, behavior-change strategies are promoted and include increasing breastfeeding, fruit and vegetable consumption and physical activity, reducing television viewing, and improving other dietary components and influences. Programs are implemented through contracts with schools, daycare providers, community organizations, and collaboration with other agencies/organizations. Training and technical assistance are provided by the program staff. Adults and children are the target populations.

Where is the program located?

Statewide.

What is the authorization for this program?

Not applicable.

Is this a federally mandated program?

No.

Are there federal matching requirements?

There are no federal matching requirements at the current level of funding. If Missouri is awarded basic implementation funding in the future, matching funds will be required.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$54,492	\$0	\$0	\$0
FEDERAL	\$629,301	\$509,441	\$671,164	\$659,743
OTHER	\$0	\$38,183	\$350,000	\$50,000
TOTAL	\$683,793	\$547,624	\$1,021,164	\$709,743

What are the sources of other funds?

Governor's Council on Physical Fitness Trust (0924).

Who is eligible?

Not applicable.

How many people have been served?

The program emphasizes policy and environmental changes that affect all Missourians.

Efficiency and Effectiveness Measures:

Rate of Increase in Adult Obesity		
CY 2006	CY 2007 Proj.	CY 2008 Proj.
1.10%	1.07%	1.05%

Division of Community and Public Health - Show Me Healthy Missourians (Cancer Programs)

What does this appropriation support?

The program identifies the impact of cancer in Missouri, promotes a state strategic plan for cancer prevention and control, operates the Cancer Inquiry program, supports regional cancer coalitions, partners with the Missouri Cancer Consortium, provides education to stakeholders and citizens, provides free colorectal cancer screening to low-income uninsured and underinsured men and women age 50 to 64 in the St. Louis, Missouri region, and provides free breast, cervical, and colorectal cancer screening to low-income uninsured and underinsured women age 35 to 64. The Centers for Disease Control and Prevention identified the St. Louis region as a target area to provide colorectal cancer screenings due to the higher rates of death from colorectal cancer occurring in African Americans in the region.

Where is the program located?

This program is offered statewide except the colorectal cancer screenings which are offered in the St. Louis region.

What is the authorization for this program?

State statutes: Section 208.151, RSMo.; Sections 376.1200 - 376.1209, RSMo. (Insurance for Breast Cancer Treatment).
Federal law: PL101.354.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, Breast and Cervical Cancer Control and National Program of Cancer Registries require a \$1 non-federal/\$3 federal match and maintenance of effort.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$208,943	\$272,237	\$307,787	\$317,306
FEDERAL	\$2,826,888	\$2,831,018	\$3,631,831	\$3,492,901
OTHER	\$0	\$21,896	\$83,369	\$83,369
TOTAL	\$3,035,831	\$3,125,151	\$4,022,987	\$3,893,576

What are the sources of other funds?

Department of Health - Donated (0658).

Who is eligible?

Uninsured and underinsured Missouri women age 35-64 who are at 200% of the federal poverty level or less are eligible for breast and cervical cancer screenings. In addition, uninsured and underinsured men and women age 50-64 in the St. Louis region are eligible for colorectal cancer screenings.

How many people have been served?

Women Screened for Breast & Cervical Cancer		
FY 2006	FY 2007	FY 2008 Proj.
7,990	8,078	9,300

Persons Screened for Colorectal Cancer		
FY 2006	FY 2007	FY 2008 Proj.
N/A	162	362

Efficiency and Effectiveness Measures:

Average Cost per Client Screened for Breast and Cervical Cancer		
FY 2006	FY 2007	FY 2008 Proj.
\$262	\$256	\$250

Breast & Cervical Cancers Identified through Screening		
FY 2006	FY 2007 Proj.	FY 2008 Proj.
227	230	240

Division of Community and Public Health - Heart Disease and Stroke Prevention

What does this appropriation support?

The Heart Disease and Stroke Prevention program implements a comprehensive public health approach to improve cardiovascular health through prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and stroke; and prevention of recurrent events. The Program priorities include: increase control of high blood pressure and high cholesterol primarily in adults and older adults; increase knowledge of signs and symptoms for heart disease and stroke and the importance of calling 911; improve emergency response; improve quality of care for heart disease and stroke; and eliminate disparities. The WISEWOMAN initiative provides funding for access to free health screenings and lifestyle education services for low-income Missouri women to help reduce their risk of heart disease and stroke.

Where is the program located?

Services are provided by 33 Show Me Healthy Women providers throughout the state, primarily in the southern portions of the state, with the exception of the St. Louis area and Buchanan County.

What is the authorization for this program?

Federal law: Public Health Service Act 42 USC Sec 301(a) 317(k) CFDA no. 93.283.; CFDA no. 93.283; Public Health Service Act, Sections 1501-1509 (42 USC 300k-300n-4a); Appropriations Act, 2000, Public Law 106-113.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, the state Cardiovascular Health Program requires a \$1 non-federal/\$5 federal match. WISEWOMAN requires a \$1 non-federal/\$3 federal match.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$400,042	\$281,762	\$390,504	\$402,581
FEDERAL	\$1,651,712	\$1,526,864	\$1,980,840	\$1,920,735
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$2,051,754	\$1,808,626	\$2,371,344	\$2,323,316

What are the sources of other funds?

Not applicable.

Who is eligible?

Eligibility for WISEWOMAN includes women, 40-64 years of age (or older without Medicare part B), who are low-income and uninsured and have already received services from the Show Me Healthy Women's breast and cervical cancer control project.

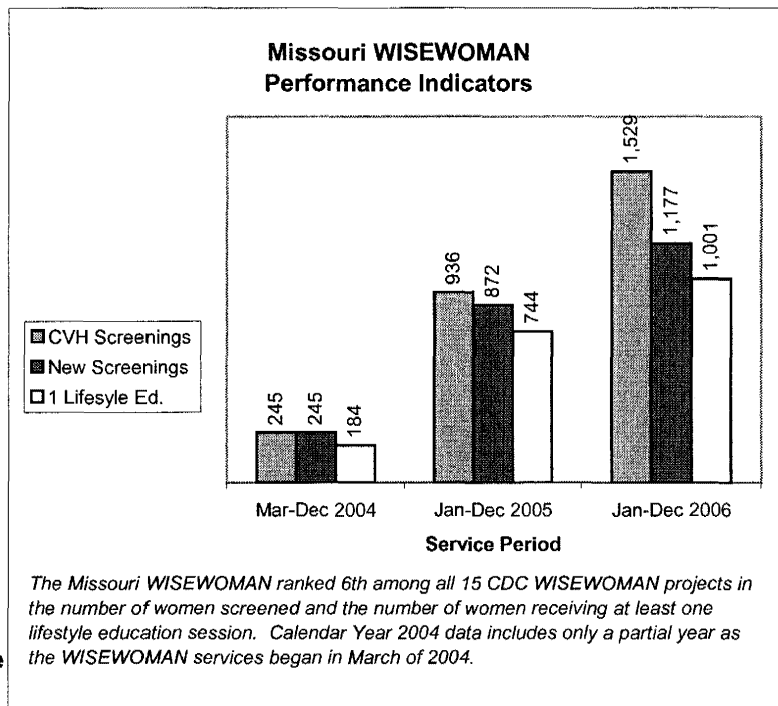
How many people have been served?

Since the WISEWOMAN services began in March of 2004 through December 2006, 2,710 women have received services.

Efficiency and Effectiveness Measures:

Decrease in Heart Attack Mortality Rate	
CY 2005	63.9
CY 2012 Proj.	50.1

Proportion of Hypertensive Clients Served in FQHCs with Appropriate Blood Pressure Control	
CY 2006	43.8%
CY 2008 Proj.	47.0%



Division of Community and Public Health - Diabetes Prevention and Control Program (MDPCP)

What does this appropriation support?

This program addresses the prevention of diabetes and its complications through influencing change at the policy, environmental, health system, and community levels. The program has the responsibility to define the burden of diabetes in Missouri, to develop a state strategic plan for diabetes prevention and control, and to strengthen the diabetes public health system. Specific current activities are helping to enhance the state diabetes surveillance system, to assist communities in planning to assure care and support for those with and at risk for diabetes, and to assist primary care providers in improving diabetes management and support. These activities are accomplished through active partnerships from the larger diabetes and public health communities and within the department.

Where is the program located?

Statewide.

What is the authorization for this program?

Federal law: 42 USC 293 Sec. 746.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Centers for Disease Control Systems-Based Diabetes Prevention and Control Program requires a \$1 non-federal/\$4 federal match. General Revenue and local in-kind are used to provide the match.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$32,590	\$147,287	\$195,786	\$201,841
FEDERAL	\$512,337	\$298,041	\$384,478	\$378,520
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$544,927	\$445,328	\$580,264	\$580,361

What are the sources of other funds?

Not applicable.

Who is eligible?

Not applicable.

How many people have been served?

Number of patients registered in diabetes health disparities collaborative of federally qualified health centers (May of each year)		
2005	2006	2007
7,306	9,306	11,940

Efficiency and Effectiveness Measures:

Percentage of Exams Among Missouri Adults with Physician-Diagnosed Diabetes (BRFSS)			
	CY 2005	CY 2006	CY 2007
Annual Foot Exam	72.5%	71.4%	N/A
Annual Eye Exam	64.4%	58.1%	N/A
Annual A1C: 2+ Tests*	65.9%	79.8%	N/A

Division of Community and Public Health - Asthma Prevention & Control Program

What does this appropriation support?

The Missouri Asthma Prevention and Control Program's main goals include surveillance, partnerships, and interventions. Objectives include maintaining the current surveillance systems and partnerships and implementing evidence-based interventions at a system and community level. The program's activities include:

- 1) Conducting surveillance, analyzing data, evaluating program activities, and disseminating information on a systematic basis;
- 2) Capitalizing on statewide partnerships to guide the program as well as serve as the principal vehicle for the implementation of the state plan goals and objectives; and
- 3) Interventions that focus on schools, systems approaches to improvement in asthma outcomes at a community level, environmental assessments, and professional education.

Where is the program located?

Statewide.

What is the authorization for this program?

Not applicable.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$315,214	\$282,441	\$376,176	\$364,940
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$315,214	\$282,441	\$376,176	\$364,940

What are the sources of other funds?

Not applicable.

Who is eligible?

There are no eligibility requirements.

How many people have been served?

Child care centers receiving education on asthma				
FY 2006	FY 2007	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
0	500	500	525	551

School nurses trained in asthma management education				
FY 2006	FY 2007	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
75	175	150	150	150

Efficiency and Effectiveness Measures:

The Missouri School Asthma Manual has been developed and distributed to all school nurses throughout the state. An asthma in service DVD for school staff has been produced and distributed to every school and school administrator. Over 250 school nurses and health professionals have attended the "Becoming an Asthma Care Manager and Educator" course (more than any other state). Also, in 2006, 46 Asthma School Nursing Award recipients implemented community-based projects in 36 counties, resulting in policy recommendations for three school districts based on the School Health Index (asthma module), training 336 sports coaches on management of children with asthma, and creating 298 asthma action plans in collaboration with parents and/or primary care physicians.

Division of Community and Public Health - Missouri Organ Donor Program

What does this appropriation support?

The primary program focus of the Missouri Organ Donor Program is to maintain a statewide confidential registry of potential donors that is available to procurement agencies 24/7. The program also works with partners to develop and implement statewide public education initiatives to increase public awareness about organ donations.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 194.297 - 194.304, 194.210 - 194.290, 301.171, 301.181, 301.020, 301.3125, 194.220, 194.230, 194.233, 194.240, 194.250, 194.260, 194.270, 194.280, and 194.304, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$63,004	\$54,960	\$287,388	\$287,388
TOTAL	\$63,004	\$54,960	\$287,388	\$287,388

What are the sources of other funds?

Organ Donor Program (0824).

Who is eligible?

Individuals volunteer for the organ donor registry. Only authorized Department, organ procurement organizations, tissue banks, STATline, and one hospital have access to the registry.

How many people have been served?

Missouri Organ Donor Registry Enrollments				
FY 2006	FY 2007	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
2,132,659	2,282,464	2,305,290	2,328,345	2,351,625

Efficiency and Effectiveness Measures:

Voluntary Contributions to the Organ Donor Fund		
FY 2006	FY 2007	FY 2008 Proj.
\$65,104	\$82,482	\$95,000

Public Education via Internet Hits		
FY 2006	FY 2007	FY 2008 Proj.
35,817	48,865	50,000

Division of Community and Public Health - Arthritis and Osteoporosis Program

What does this appropriation support?

The Missouri Arthritis and Osteoporosis Program addresses and promotes optimal health and quality of life for all Missourians affected by arthritis, rheumatic disease, and related musculoskeletal conditions.

Goals of the program include:

- 1) Reduce disability caused by arthritis and related conditions as the leading cause of disability;
- 2) Expand arthritis education, programs, and support services through the seven regional arthritis centers and partners;
- 3) Improve quality of health care practices and enable a responsible and accountable health care system; and
- 4) Enhance and strengthen monitoring of disease prevalence, related risk factors, and achievement of program objectives.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 192.700, RSMo. (Arthritis); Section 192.640, RSMo. (Osteoporosis); and Section 192.729, RSMo. (Lupus).

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$241,286	\$206,058	\$262,554	\$251,708
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$241,286	\$206,058	\$262,554	\$251,708

What are the sources of other funds?

Not applicable.

Who is eligible?

Not applicable.

How many people have been served?

Individuals Completing One or More Chronic Disease Courses		
FY 2006	FY 2007	FY 2008 Proj.
12,527	13,780	15,158

Efficiency and Effectiveness Measures:

Evidence-Based Course Leaders Trained		
FY 2006	FY 2007	FY 2008 Proj.
52	57	63

Evidence-Based Arthritis Courses Offered		
FY 2006	FY 2007	FY 2008 Proj.
643	707	778

*Evidence-based courses are designed to help individuals gain self-confidence in their ability to control their symptoms and how their health problems affect their lives. Evidence has shown that one year after exposure to the program, participants experienced significant improvements in health behaviors, self-efficacy, health status, and had fewer visits to the emergency room.

Division of Community and Public Health - Blindness Education Services & Treatment

What does this appropriation support?

The purpose of this program is blindness prevention education as well as to provide screening and treatment for persons who are uninsured or under-insured. Also, vision screening of children enrolling in kindergarten or first grade will be effective July 1, 2008. Responsibilities include compiling and maintaining a list of vision correction, examination and treatment referral locations (free or reduced price); record findings/results from vision screenings (first and third grade) and examinations (kindergarten and first grade) in an electronic format; compiling data and making it available for public review; working with the Children's Vision Commission to develop standardized reporting forms for school districts; tracking results of the eye screening versus eye examinations as part of a pilot project and making reasonable accommodations for public review and inspection of pilot project data assuring no student identity is revealed; and provide staff support to the commission.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 167.194, 167.195, 192.935, 302.171, and 301.020, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$297,075
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$83,166	\$54,303	\$0	\$99,000
TOTAL	\$83,166	\$54,303	\$0	\$396,075

Funding for the program was transferred to the Department of Social Services (DSS) in the FY 2008 budget, however legislation was not passed to move the program to DSS. Therefore the program bills services to DSS's budget authority through a memorandum of understanding.

What are the sources of other funds?

Blindness Education, Screening and Treatment (0892).

Who is eligible?

The program provides services primarily to individuals who do not have adequate coverage for such services under a health benefit plan.

How many people have been served?

	FY 2006	FY 2007	FY 2008 Proj.
Comprehensive Eye Exam	NA	908	1,000
Referred for treatment of Diabetic Retinopathy	89	98	98
Referred for treatment of Cataracts	41	45	45
Referred for treatment of Glaucoma	64	70	70
Referred for treatment of Macular Degeneration	6	7	7

Efficiency and Effectiveness Measures:

Comprehensive Eye Examinations Performed			
FY 2007	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
908	1,000	1,000	1,000

Cost per comprehensive Eye Exam			
FY 2007	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
\$46.25	\$75.00	\$75.00	\$75.00

Division of Community and Public Health - Communicable Disease Control

What does this appropriation support?

The goal of the Communicable Disease Control Program is to prevent people from becoming ill and/or dying from the approximate 80 reportable communicable diseases and conditions of public health significance in Missouri. Many of these diseases are emerging or are exhibiting notable increases in disease rates. The program works with the local public health agencies to investigate the cause, source, and method of transmission for reportable communicable diseases. The program also identifies, disseminates, and implements appropriate disease control and prevention measures, such as contact identification, testing, and treatment in cooperation with the local public health agencies. The program provides training and technical assistance to local health officials to prevent communicable diseases in their communities and to rapidly respond to outbreaks of communicable disease when cases are identified. The program coordinates with government at all levels, community organizations, hospitals, health care providers, and the media to implement control measures and to educate the public during statewide, national, and worldwide outbreaks of communicable diseases. Statewide and regional staff also routinely provide consultation, education, and recommendations about communicable disease control to the public, media, physicians, and others. The program coordinates closely with the State Epidemiologist, the Public Health Veterinarian, emergency/terrorism response staff, and local public health agencies on issues of concern.

Where is the program located?

The program is centrally administered from Jefferson City. There are epidemiologists assigned to key areas of the state (St. Louis, Cape Girardeau, Springfield, Independence, Cameron, and Jefferson City).

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$840,509	\$683,444	\$708,804	\$730,726
FEDERAL	\$340,332	\$315,848	\$403,417	\$396,364
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$1,180,841	\$999,292	\$1,112,221	\$1,127,090

What are the sources of other funds?

Not applicable.

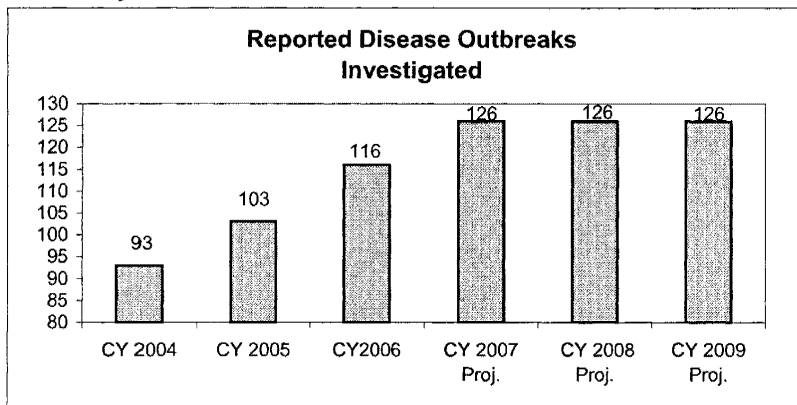
Who is eligible?

The program is administered to protect the health of all citizens of Missouri, as well as refugees, immigrants, and travelers to and from our state involved in outbreaks in other locations.

How many people have been served?

There were 22,039 cases of communicable disease reported in 2006 excluding TB, enteric, zoonotic disease cases, and conditions managed by the Bureau of STD/HIV/Hepatitis. An annual increase of 8 percent is projected. From these reports, 116 outbreaks were investigated.

Efficiency and Effectiveness Measures:



General Communicable Disease Case Counts and Rates		
	Case Count	Rate per 100,000 Population
CY 2005	18,938	326.5
CY 2006	22,039	380.0
CY 2007 Proj.	22,836	393.7
CY 2008 Proj.	24,663	425.2
CY 2009 Proj.	26,636	459.2

Division of Community and Public Health - Tuberculosis Control Program

What does this appropriation support?

The goal of the Tuberculosis Control Program is to prevent people from becoming ill and/or dying from tuberculosis in Missouri. Tuberculosis (TB) is a re-emerging disease and has started exhibiting a resurgence in 2007. The TB Program, working with local public health agencies, identifies, disseminates, and implements appropriate disease control and prevention measures, such as contact identification, testing, treatment, and case management. The program provides training and technical assistance to local health officials to prevent tuberculosis in their communities and to rapidly respond to reports of cases when identified. The program coordinates with government at all levels, community organizations, hospitals, health care providers, and the media to implement control measures and to educate the public on tuberculosis. Statewide and regional staff also routinely provide consultation, education, and recommendations regarding tuberculosis control to the public, media, physicians, and others.

Where is the program located?

Statewide, with epidemiologists assigned to key areas of the state (St. Louis, Cape Girardeau, Springfield, Independence, Cameron, and Jefferson City); two TB Public Health Nurse Consultants (Carthage and Poplar Bluff); and a CDC Public Health Advisor in St. Louis.

What is the authorization for this program?

State statutes: Sections 192.020, 199.180, 199.190, 199.350, and 701.328, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$99,068	\$92,625	\$89,566	\$92,336
FEDERAL	\$444,012	\$404,061	\$525,997	\$512,753
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$543,080	\$496,686	\$615,563	\$605,089

What are the sources of other funds?

Not applicable.

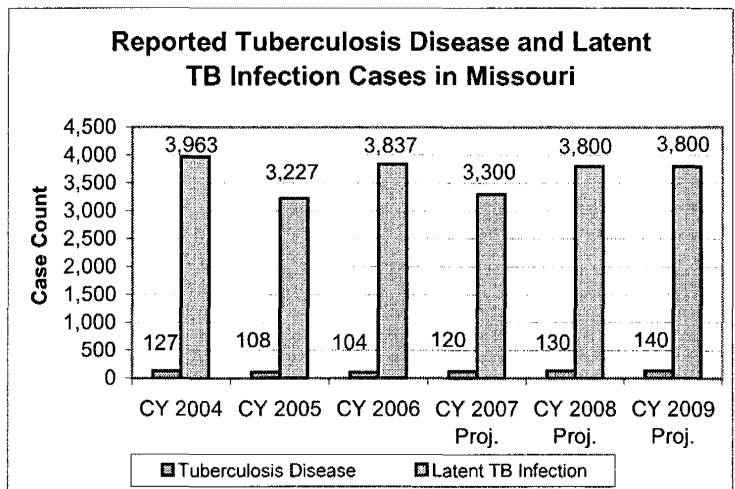
Who is eligible?

The program is administered to protect the health of all citizens of Missouri, as well as refugees, immigrants, and travelers to and from our state.

How many people have been served?

This program helps to protect the population of Missouri from TB infection. There were 104 cases of tuberculosis disease reported in 2006, and about 3,800 latent cases. An annual increase of 8 percent is projected.

Efficiency and Effectiveness Measures:



Active TB Disease Case Counts and Rates		
	Case Count	Rate per 100,000 Population
CY 2005	108	2.1
CY 2006	104	2.2
CY 2007 Proj.	114	2.4
CY 2008 Proj.	130	2.2
CY 2009 Proj.	140	2.4

Division of Community and Public Health - Vector-Borne Disease Program

What does this appropriation support?

The goal of the Vector-Borne Disease Prevention Program (VBDP) is to reduce the incidence of West Nile virus and other vector-borne diseases in Missouri. This is accomplished through effective surveillance that permits the state of Missouri, local public health agencies, and other local governments to assess the threat of human disease and, thereby, implement prevention and control measures. To carry out these activities, the VBDP coordinates with the Missouri State Public Health Laboratory, which conducts human specimen testing for mosquito and tick-borne diseases, in order to facilitate the rapid notification and investigation of human infections. The VBDP also provides technical and funding support for the development of local mosquito-based surveillance programs to allow local governments to assess the need for and timing of interventions. The program also conducts surveillance for other endemic vector-borne diseases such as Rocky Mountain Spotted Fever, tularemia, ehrlichiosis, and Lyme-like disease. The program provides training and technical assistance to local health officials to prevent vector-borne disease in their communities and to rapidly respond to issues when cases are identified. Statewide and regional staff also routinely provide consultation, education, and recommendations regarding vector-borne disease control to the public, media, physicians, and others.

Where is the program located?

Statewide with epidemiologists assigned to key areas of the state: St. Louis, Cape Girardeau, Springfield, Independence, Cameron, and Jefferson City.

What is the authorization for this program?

State statutes: Sections 192.020, 192.110, and 701.328, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$110,894	\$95,826	\$124,784	\$122,912
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$110,894	\$95,826	\$124,784	\$122,912

What are the sources of other funds?

Not applicable.

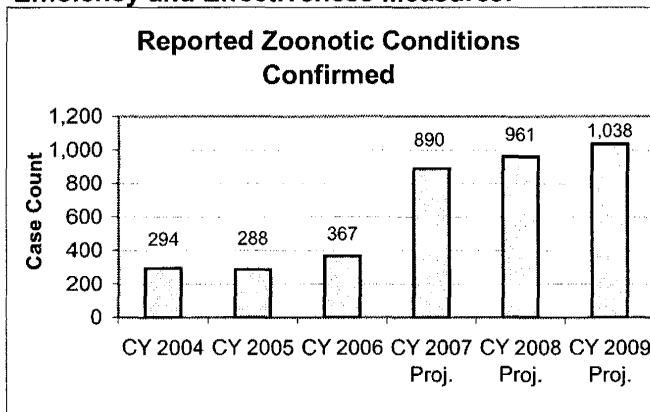
Who is eligible?

The program is administered to protect the health of all citizens of Missouri, as well as refugees, immigrants, and travelers to and from our state from vector-borne disease.

How many people have been served?

There were 367 cases of vector-borne diseases reported in 2006. An annual increase of eight percent is projected.

Efficiency and Effectiveness Measures:



Vector-borne Case Counts and Rates	Rate per 100,000 Population
CY 2005	5.0
CY 2006	6.3
CY 2007 Proj.	15.3
CY 2008 Proj.	16.6
CY 2009 Proj.	17.9

Vector-borne conditions include Brucellosis, Dengue Fever, Ehrlichiosis (all types), Hantavirus Pulmonary Syndrome, Leptospirosis, Lyme, Malaria, Neuroinvasive and Non-Neuroinvasive (California, Eastern Equine, Powassan, St. Louis, Venezuelan, West Nile, Western Equine), Psittacosis, Q Fever, Rocky Mountain Spotted Fever, Trichinosis, Tularemia, and Yellow Fever.

Division of Community and Public Health - Enteric Disease Program

What does this appropriation support?

The goal of the Enteric Disease Program is to reduce the incidence of enteric diseases (i.e. campylobacteriosis, cryptosporidiosis, E.coli O157:H7, giardiasis, hepatitis A, listeriosis, salmonellosis, shigellosis, typhoid fever, and yersiniosis) in Missouri by conducting effective surveillance that will permit the state of Missouri and local public health agencies to target interventions and control measures. To carry out these activities, the Enteric Disease Program partners with federal agencies, the state communicable disease staff, the State Public Health Laboratory, and the local public health agencies to ensure appropriate investigation and control measures are implemented. The program reviews case reports for timeliness of reporting and accuracy and provides feedback reports on outbreak investigations. The feedback reports consist of timeliness of reporting, appropriate methodology, hypothesis, control and prevention measures as well as provide analysis of lessons learned. The program coordinates with government at all levels to implement control measures and to educate the public on enteric diseases. Regional communicable disease staff routinely provide consultation, education, assistance with investigations, and recommendations on enteric disease control to the public, media, physicians, and others. The program coordinates closely with the State Epidemiologist, regional communicable disease staff, Bureau of Environmental Regulation and Licensure staff, and local public health agencies.

Where is the program located?

Statewide, with epidemiologists assigned to key areas of the state: St. Louis, Cape Girardeau, Springfield, Independence, Cameron, and Jefferson City.

What is the authorization for this program?

State statutes: Sections 192.020, 192.110, and 701.328, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

**DHSS Budget Book, Communicable Disease
Control and Prevention, Page 173**

Governor Recommended New Decision Items:

Not applicable.

What are the expenditures?

	FY 2006	FY 2007	FY 2008	FY 2009
	Actual	Actual	Planned	Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$96,084	\$83,027	\$108,117	\$106,495
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$96,084	\$83,027	\$108,117	\$106,495

What are the sources of other funds?

Not applicable.

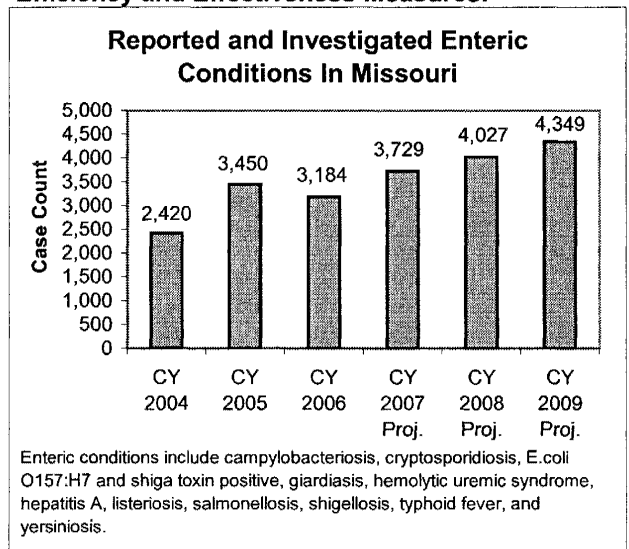
Who is eligible?

The program is administered to protect the health of all citizens of Missouri, as well as refugees, immigrants, and travelers to and from our state.

How many people have been served?

There were 3,184 enteric cases reported in 2006. An annual increase of 8 percent is projected. From these reports, 24 acute gastrointestinal outbreaks were investigated. Numerous health alerts and press releases, such as the Peter Pan Peanut Butter incident, alerted Missourians to potential issues statewide.

Efficiency and Effectiveness Measures:



Enteric Case Counts and Rates		
	Case Count	Rate per 100,000 Population
CY 2005	3,450	59
CY 2006	3,184	55
CY 2007 Proj.	3,729	64
CY 2008 Proj.	4,027	69
CY 2009 Proj.	4,329	75

Division of Community and Public Health - Immunization and Vaccine

What does this appropriation support?

The immunization and vaccine program ensures that Missouri children are appropriately immunized against vaccine-preventable diseases according to the Center for Disease Control and Prevention guidelines. The program provides education and immunization record assessments for health care providers to increase coverage rates; develops and maintains a central immunization registry, and tracks mandatory immunization records for schools and day care centers. Vaccine needs are forecasted, the central inventory is managed for supplies, purchasing and shipping, and free vaccine is provided for certain groups. Program staff provide technical assistance to vaccine providers and the public on recommendations for vaccines, supply safety, schedules, handling of vaccines to reduce/eliminate wastage, and on vaccines of interest to adult populations, such as the vaccines against shingles or human papilloma virus.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 167.181, 167.183, 192.072, 192.630, and 210.003, RSMo.

Federal law: Section 317 of the Public Health Service Act, 42 USC section 247b, as amended; Section 1902(a)(62), of the Social Security Act, 42 USC section 1396(a)(62); Section 1928(a) of the Social Security Act, 42 USC 1396s(a).

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$32,523	\$31,814	\$32,798
FEDERAL	\$2,461,665	\$1,763,167	\$2,404,887	\$2,373,408
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$2,461,665	\$1,795,690	\$2,436,701	\$2,406,206

What are the sources of other funds?

Not applicable.

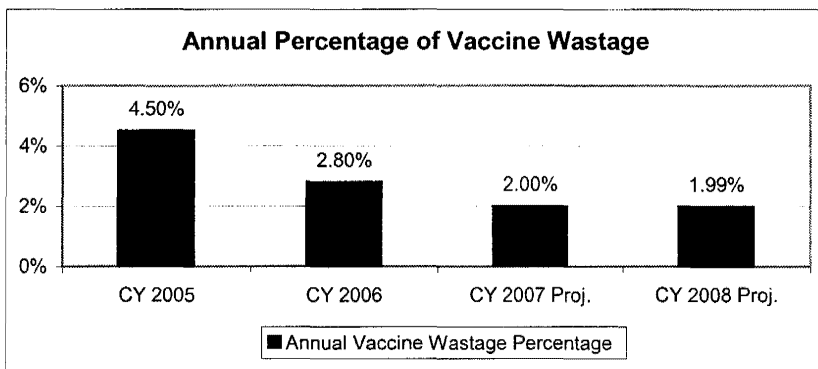
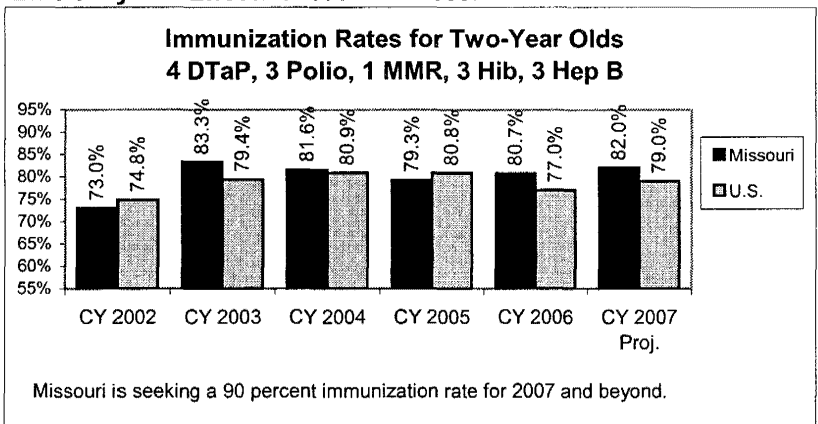
Who is eligible?

Vaccine is provided free of charge to uninsured, Medicaid eligible, and underinsured children through the federal entitlement Vaccines for Children (VFC) Program. Assurance and assessment services are provided to all school age children, and certain adult populations.

How many people have been served?

In 2006, 1,129,459 doses of vaccine were administered to about 70,000 eligible children. Assessment/assurance services were provided to 1,466,668 Missourians of school age.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Influenza Prevention and Surveillance

What does this appropriation support?

The influenza program focuses on the provision of services to prevent and control influenza outbreaks in vulnerable populations, such as those housed in long-term care facilities, patients of medical care providers, the immune compromised, and the elderly. Influenza is required to be reported to the Missouri Department of Health and Senior Services (DHSS) by 19 CSR 20-20.020. Data are collected for laboratory-confirmed cases of influenza from throughout the state, for culture-confirmed cases tested by the State Public Health Laboratory, and for pneumonia and influenza deaths through DHSS's Bureau of Vital Records. Information on influenza-like illness is also provided directly to the Centers for Disease Control and Prevention (CDC) from 30 participating providers in the U.S. Influenza Sentinel Provider Surveillance Network.

Data from all of these sources are transmitted to CDC to determine outbreaks and create prevention efforts on the national level. That information is used to identify and confirm influenza outbreaks. Vaccine funded by the CDC's immunization program is provided for children eligible for the Vaccines for Children Program and for some adults, aged 18-64, who are at high risk for complications from influenza and do not have access to the vaccine. (Vaccine is provided for most people over age 65 through Medicare Part B.)

Supplies of vaccines for pandemic influenza stockpiles are stocked, maintained, and distributed as needed. The program participates in pandemic flu planning exercises and will respond accordingly if and when the need arises.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 192.006, 192.130, and 192.020, RSMo.

Federal regulation: 19 CSR 20-20.020.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$55,847	\$50,153	\$64,863	\$64,017
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$55,847	\$50,153	\$64,863	\$64,017

What are the sources of other funds?

Not applicable.

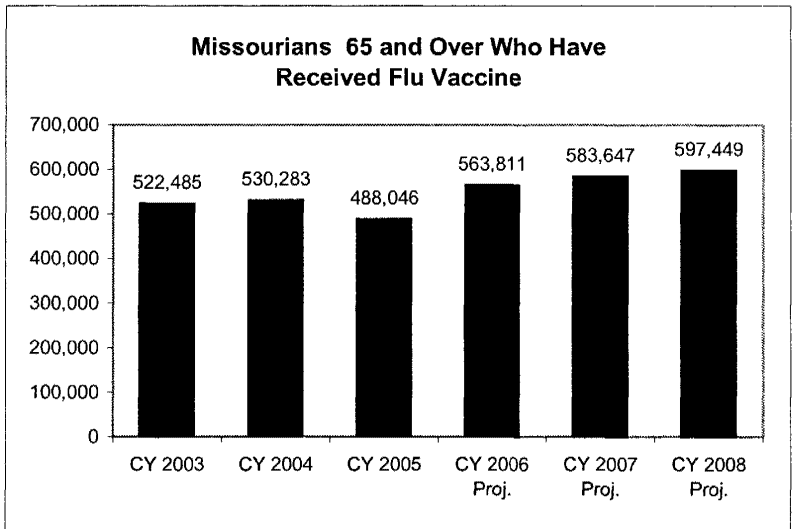
Who is eligible?

Services are provided for all Missourians, immigrants, and those who may travel in our state. All healthcare providers are required to report disease information concerning their patients. Children eligible for the Vaccines for Children Program receive federally funded vaccines.

How many people have been served?

An average of 523,000 Missourians who are 65 years of age or older have received flu vaccine each year.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Human Immunodeficiency Virus (HIV) Care Program

What does this appropriation support?

The Missouri HIV Care Program includes activities designed to reduce HIV related morbidity and mortality throughout the state. This includes HIV case management, AIDS Drug Assistance Program (ADAP), medical care services, and Housing Opportunities for Persons With AIDS (HOPWA). Medical case management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. ADAP provides FDA-approved medications to low-income individuals with HIV Disease who have limited or no coverage from private insurance, Medicaid, or Medicare. Medical care services include ambulatory outpatient medical care, oral health services, mental health counseling, and substance abuse services. HOPWA provides long term tenant based rental assistance for low income HIV positive individuals.

Where is the program located?

Statewide.

What is the authorization for this program?

Federal law: Public Law 101-381 (Ryan White CARE Act), AIDS Housing Opportunity Act, 42 USC Sec. 12901.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, for each \$2 of federal funding, there is a required \$1 state match for the Ryan White Grant.

Does this program generate other revenues?

Yes, medications that are purchased through ADAP that are provided to low-income individuals have associated rebates from the providers.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$3,937,700	\$5,972,406	\$6,341,222	\$6,534,820
FEDERAL	\$14,141,572	\$13,047,763	\$15,563,166	\$15,381,753
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$18,079,272	\$19,020,169	\$21,904,388	\$21,916,573

What are the sources of other funds?

Not applicable.

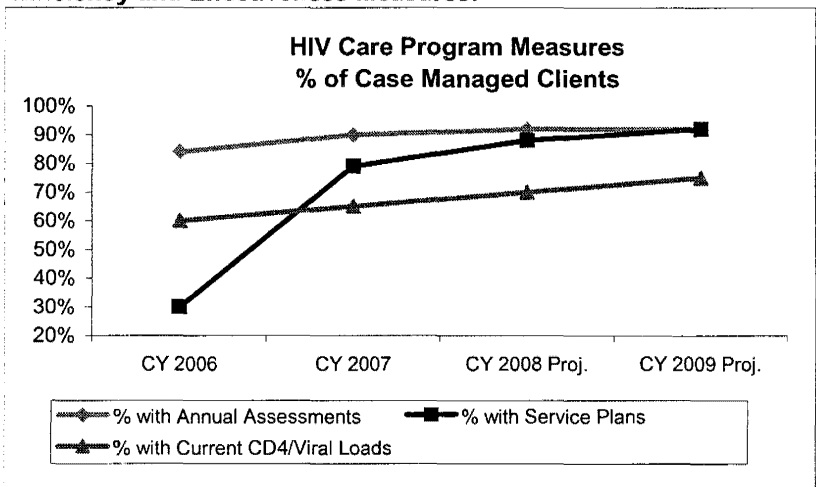
Who is eligible?

Individuals residing in the state of Missouri who are HIV positive.

How many people have been served?

HIV medical case management serves 5,200 persons per year; ADAP serves 2,300 persons per year; Medical care serves 450 persons year; and HOPWA serves 125 persons per year.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Human Immunodeficiency Virus (HIV) Prevention Program

What does this appropriation support?

HIV Prevention in Missouri occurs through multiple initiatives funded by the Centers for Disease Control and Prevention (CDC). The Health Education Risk Reduction (HERR) Initiative ensures implementation of HIV prevention interventions that are scientifically based in behavioral theory with evidence of effectively targeting those populations most at risk for either contracting or spreading the HIV virus. The purpose of community planning is to prevent HIV and other sexually transmitted diseases (STDs) at the state and local level through a shared planning process between the health department administering HIV/STD prevention funds and representatives of the communities for whom the services are intended. Community planning involves partnerships with six local health department lead agencies that work collaboratively with regional prevention advisory bodies, local health departments, community-based organizations, and other community leaders to develop and implement culturally competent and scientifically based regional prevention plans. These initiatives are currently evaluated through the CDC Program Evaluation Monitoring System. The HIV Counseling, Testing, and Referral (CTR) Initiative focuses on increasing HIV testing while offering a client centered prevention counseling session. CTR involves six partnerships with local health departments and other agencies to offer counseling and testing services to individuals throughout the state as well as oversight of the four mandated anonymous testing sites. CTR sites also plan and perform outreach services to test and offer educational opportunities throughout the community. Partner Counseling and Referral Services (PCRS) ensures that all individuals infected with HIV are given the opportunity to be counseled on the disease and referred for case management services. This initiative also ensures that partners of infected individuals are notified and given the opportunity to be counseled and/or tested for HIV.

What is the authorization for this program?

State statutes: Sections 191.653, 191.656, 192.020, and 192.139, RSMo.

Is this a federally mandated program?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$2,905,748	\$2,605,018	\$3,388,292	\$3,273,505
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$2,905,748	\$2,605,018	\$3,388,292	\$3,273,505

What are the sources of other funds?

Not applicable.

Who is eligible?

There are currently no eligibility requirements for this program.

How many people have been served?

A total of 70,000 tests is performed in public health, as well as prevention messages targeting all 150,000 to 200,000 at risk

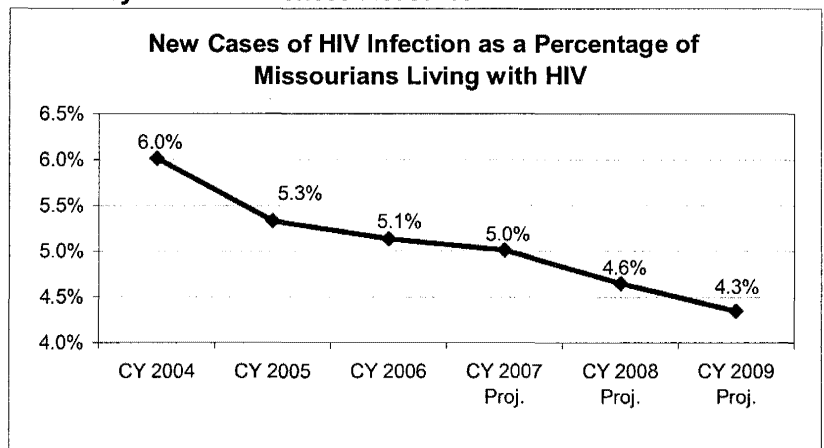
Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Efficiency and Effectiveness Measures:



Governor Recommended New Decision Items:

Not applicable.

Division of Community and Public Health - Sexually Transmitted Disease (STD) Prevention

What does this appropriation support?

Missouri's STD Precaution Program provides screening, testing, and treatment for syphilis, gonorrhea, and chlamydia in local public health agencies, community health centers, community-based organizations, and other health care settings. The program uses social marketing to increase awareness of disease among the high risk populations, and distributes guidelines/recommendations for screening/treatment among health care settings. Infected individuals are counseled regarding their infection, referred for treatment/care, and provided partner management (the elicitation and notification of sex/needle sharing partners). All of these activities are necessary to reduce STD morbidity and stop the spread of infection in Missouri.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 191.653, 191.656, 192.020, 192.139, RSMo., and 19 CSR 20.20.020.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$1,296,999	\$826,613	\$1,094,431	\$1,072,967
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$1,296,999	\$826,613	\$1,094,431	\$1,072,967

What are the sources of other funds?

Not applicable.

Who is eligible?

There are no eligibility requirements.

How many people have been served?

Approximately 200,000.

Efficiency and Effectiveness Measures:

Number of Females Treated for Chlamydia within 14 and 30 Days of Diagnosis in a Missouri Infertility Prevention Project (MIPP) Facility				
Year	Days	# Treated	# Diagnosed	% Treated
CY 2005	Within 14 days	1,094	2,318	47%
	Within 30 days	1,508	2,318	65%
CY 2006	Within 14 days	1,170	2,313	51%
	Within 30 days	1,648	2,313	71%
CY 2007 Proj.	Within 14 days	1,328	2,415	55%
	Within 30 days	1,811	2,415	75%
CY 2008 Proj.	Within 14 days	1,383	2,385	58%
	Within 30 days	1,884	2,385	79%
CY 2009 Proj.	Within 14 days	1,463	2,360	62%
	Within 30 days	1,935	2,360	82%

DCPH - Human Immunodeficiency Virus (HIV), Sexually Transmitted Disease (STD) and Hepatitis Disease Surveillance

What does this appropriation support?

The Disease Surveillance Program oversees the collection and data entry of disease case and laboratory reports for gonorrhea, chlamydia, syphilis, HIV and AIDS, viral hepatitis B, and the analysis and dissemination of data based on the reports. This data is routinely used by prevention and HIV care partners to determine the most effective, targeted interventions to reduce the spread of disease and where to focus prevention and care resources. This includes activities to maintain a high quality surveillance monitoring system to assure reporting of hepatitis B and C diseases, analyze trends, and provide data for determining immunoprophylaxis for the Hepatitis Prevention Program.

Where is the program located?

STD surveillance activities take place in the Central Office, Eastern District Office, Kansas City Health Department, and St. Louis County Health Department. HIV/AIDS surveillance activities take place in the Central Office, Kansas City Health Department, and St. Louis City Health Department.

What is the authorization for this program?

State statutes: Sections 191.653, 191.656, 192.020, 192.139, 20.20.020, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$50,428	\$51,567	\$53,162
FEDERAL	\$742,416	\$715,856	\$931,148	\$908,842
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$742,416	\$766,284	\$982,715	\$962,004

What are the sources of other funds?

Not applicable.

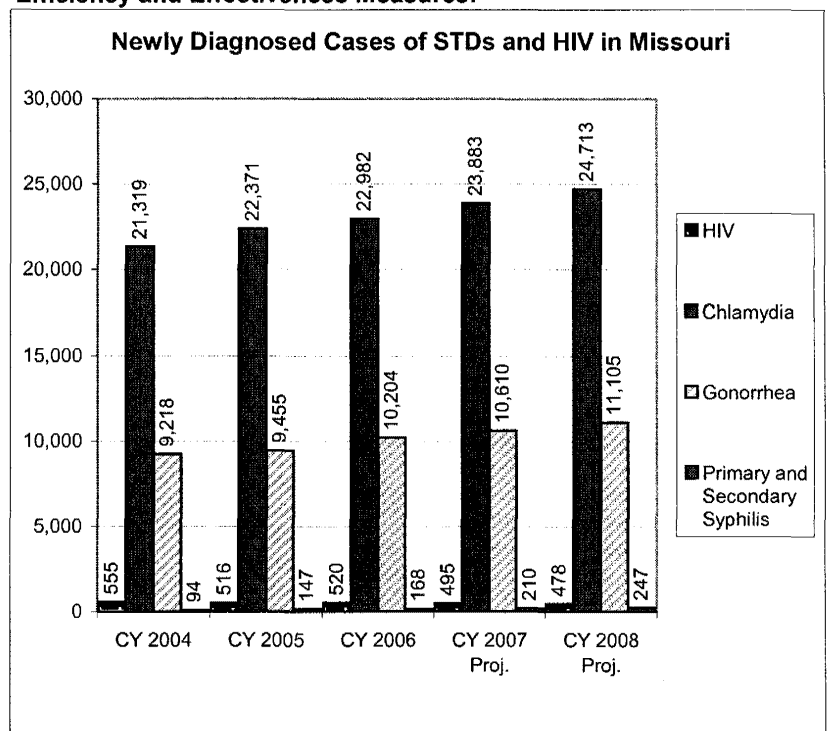
Who is eligible?

Not applicable.

How many people have been served?

Not applicable.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Hepatitis Prevention Program

What does this appropriation support?

The Missouri Hepatitis Prevention Program includes activities designed to control and reduce hepatitis morbidity throughout the state and investigates the need for immunoprophylaxis for hepatitis B infected individuals' contacts. The perinatal hepatitis B case management program further investigates hepatitis B infected women of childbearing age, and follows hepatitis B infected pregnant women and the infants born to them for two years. Case management goals are to ensure that appropriate immunoprophylaxis is administered to these infants within the first week of life, and to ensure hepatitis B vaccination is offered to unprotected household and sexual partners. The Viral Hepatitis Prevention Program visits delivery hospitals to provide hepatitis disease and treatment education. Birth records are reviewed to help determine prenatal hepatitis B screening and hepatitis B birth dose vaccination rates. Regional educational workshops are provided to health care providers on hepatitis viral marker interpretation, prevention interventions, and treatment guidelines. Hepatitis C prevention strategies have been integrated within existing mature HIV prevention activities.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 210.030, 192.020, 192.031, 192.036, RSMo.; 19 CSR 20.20.020, 19 CSR 20.20.040.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$370,884	\$221,448	\$292,888	\$286,352
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$370,884	\$221,448	\$292,888	\$286,352

What are the sources of other funds?

Not applicable.

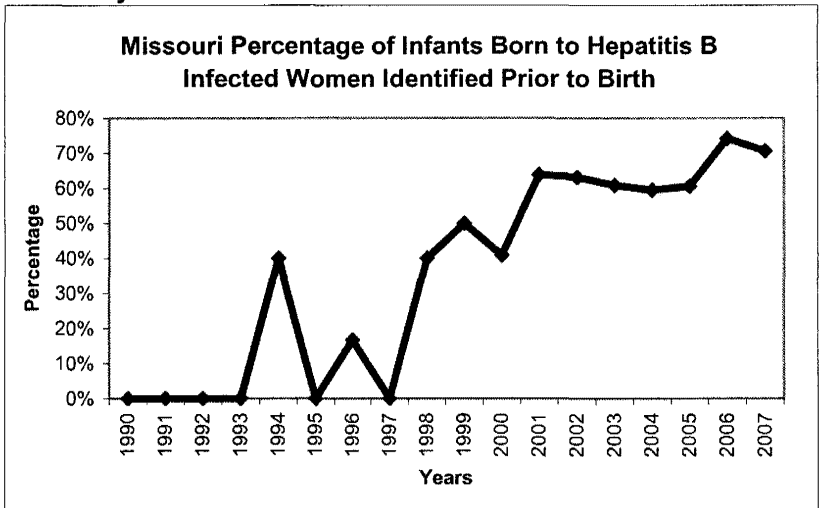
Who is eligible?

All hepatitis B infected women of childbearing age, their infants, and her sexual and household contacts, as well as Missourians 19 years of age or older at increased risk for hepatitis A and B who have not been previously vaccinated.

How many people have been served?

Approximately 1,000 persons have been served through the perinatal prevention program per year; nearly 35,000 hepatitis A and B vaccinations were made available to Missouri adults at risk through the Hepatitis Adult Vaccination Initiative via outreach and STD clinics. Thirty-two birthing hospital infection control and OB staff, health care providers statewide, and about 200 local public health agency staff from all regions have received services.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Childhood Lead Poisoning Prevention

What does this appropriation support?

The Childhood Lead Poisoning Prevention Program is working to reduce lead poisoning in Missouri's children. Lead is a heavy metal which has been used in many common products in the past. Lead exposure may have many effects, but the most troublesome are the effects on the central nervous systems of young children. The only way to know if a child has been exposed to lead is to have the child tested. The program works with the local public health agencies and private health care providers to test children under six years old for lead exposure. When children with elevated blood lead levels are found, the program assures case management services, including in-home assessments for potential sources of lead exposure and offers recommendations for actions that can be taken to reduce exposure. The program conducts childhood lead exposure surveillance.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 701.300 - 701.338, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

The Childhood Lead Poisoning Prevention Program has a \$1 state match for every \$2 of federal funds. Title XIX requires a 50 percent state match for administrative costs and a 25 percent state match for costs associated with skilled medical activities.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$101,033	\$186,788	\$200,500	\$202,782
FEDERAL	\$700,018	\$659,937	\$806,234	\$786,277
OTHER	\$88,545	\$103,482	\$76,000	\$76,000
TOTAL	\$889,596	\$950,207	\$1,082,734	\$1,065,059

What are the sources of other funds?

Missouri Lead Abatement Loan (0893).

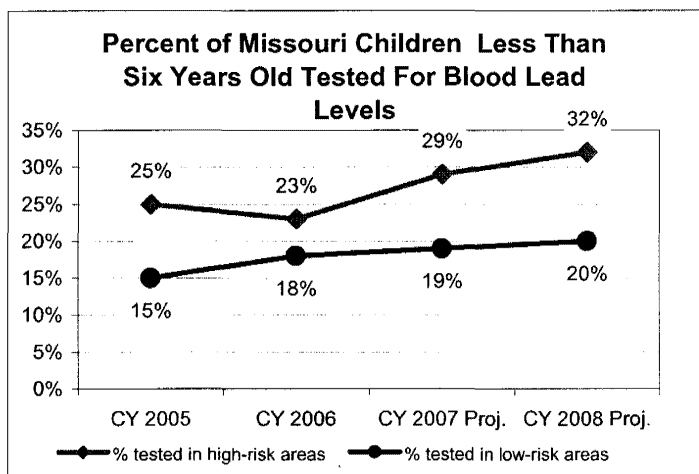
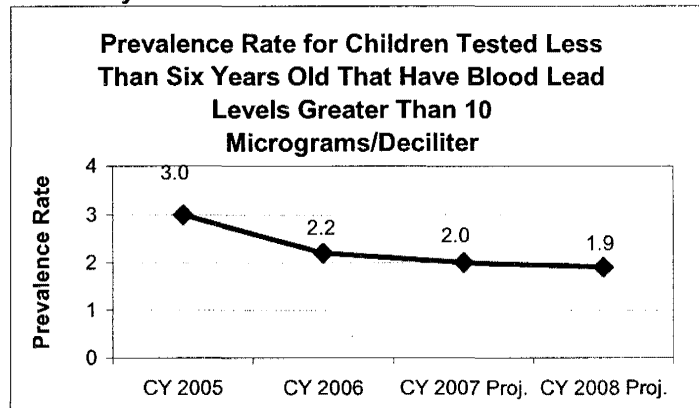
Who is eligible?

All children under six years old.

How many people have been served?

Over 85,000 children are tested for lead poisoning each year. Approximately 550 in-home risk assessments are conducted for children with elevated blood lead levels each year.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Health and Risk Assessment Program

What does this appropriation support?

The Health and Risk Assessment program provides health-based information on exposure to hazardous substances to the public, the regulatory agencies (the Department of Natural Resources and the U.S. Environmental Protection Agency) and local public health agencies. The program provides health assessments and consultations on hazardous substance exposures around hazardous waste sites to citizens, regulatory agencies and regulated entities. The program also provides technical information and document reviews from a human health perspective to the regulatory agencies, along with advice and information to the public on hazardous substance exposures. Missouri's annual Fish Consumption Advisory is produced by the program.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 192.011, RSMo.; Section 260.391, RSMo.

Federal law: CERCLA Section 104(I)(15).

Federal regulation: 40 CFR parts 31 & 35, Subpart O.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Who is eligible?

All Missouri Citizens, especially those living near hazardous waste sites, and anyone who eats sport-caught fish from Missouri streams.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$245,877	\$90,046	\$93,764	\$96,664
FEDERAL	\$506,510	\$336,730	\$431,552	\$423,146
OTHER	\$163,443	\$208,720	\$237,799	\$237,799
TOTAL	\$915,830	\$635,496	\$763,115	\$757,609

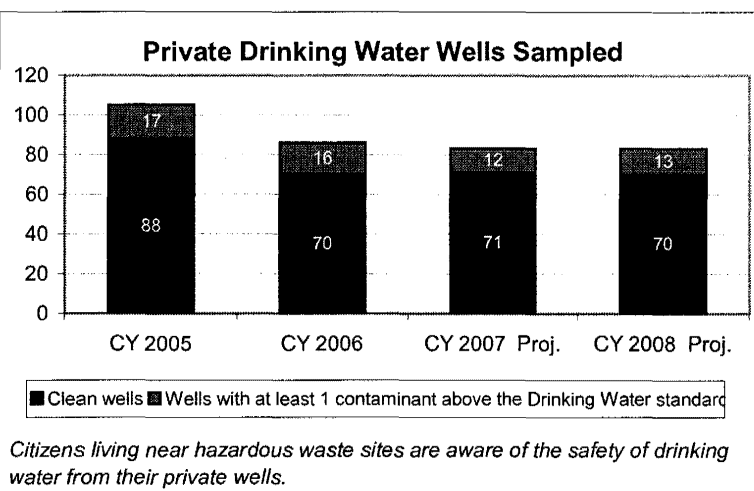
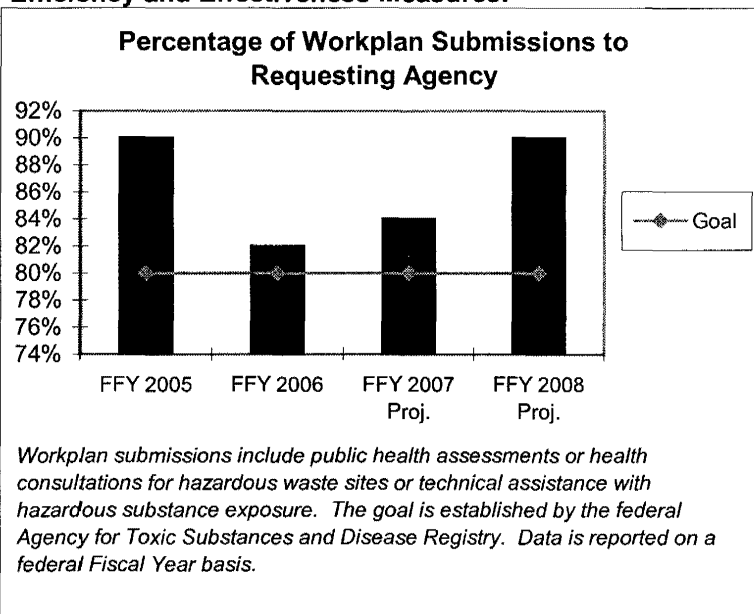
What are the sources of other funds?

Hazardous Waste Remedial (0690), Hazardous Waste (0676).

How many people have been served?

3,449 citizens living near a hazardous waste site who were provided with information regarding their real or potential exposure to a hazardous substance. Approximately 80 families had their private wells sampled at no cost for hazardous substances.

Efficiency and Effectiveness Measures:



DHSS Budget Book, Environmental Public Health, Page 180

Governor Recommended New Decision Items:

Not applicable.

Division of Community and Public Health - Food Protection Program

What does this appropriation support?

This program reduces the risk of disease and illness in Missouri by implementing and assuring good food sanitation and safety practices. The program assures inspection and licensure of frozen dessert facilities and assures inspection of restaurants, grocery stores, bakeries, and other retail food establishments. The program also inspects food manufacturing/processing plants, responds to food recalls, and assures inspection of summer feeding sites conducting the U.S. Department of Agriculture Children's Food Program.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 196.010-271;196.851-895, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

Yes, revenue is derived from frozen dessert facility licensure fees, which is deposited in the General Revenue fund.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$205,618	\$478,258	\$606,203	\$603,628
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$205,618	\$478,258	\$606,203	\$603,628

FY 2007 and 2008 increases are attributable to the Federal Drug Administration increase in funding to provide a greater number of inspections.

What are the sources of other funds?

Not applicable.

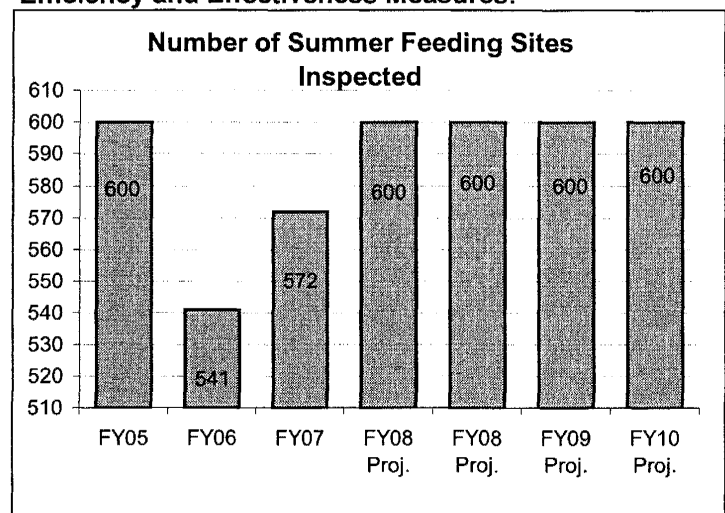
Who is eligible?

Not applicable.

How many people have been served?

All Missouri residents.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Environmental Childcare Program

What does this appropriation support?

This program reduces the risk of disease and illness in Missouri by implementing and assuring good sanitation and safety practices in childcare facilities. The program is responsible for the initial safety, health, and sanitation inspections of child care facilities and assures the annual inspections are conducted. This program is also responsible for a variety of childcare quality initiatives. The program contracts with Local Public Health Agencies (LPHAs) to conduct the annual inspection. Program staff conduct the initial inspections, and provide training, oversight and technical assistance to LPHAs and facilities.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 201.201 to 201.900, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$472,196	\$485,774	\$500,798
FEDERAL	\$0	\$1,390	\$2,468	\$2,468
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$0	\$473,586	\$488,242	\$503,266
<i>*FY 2005 and FY 2006 expenditure data is not available due to a departmentwide reorganization.</i>				

What are the sources of other funds?

Not applicable.

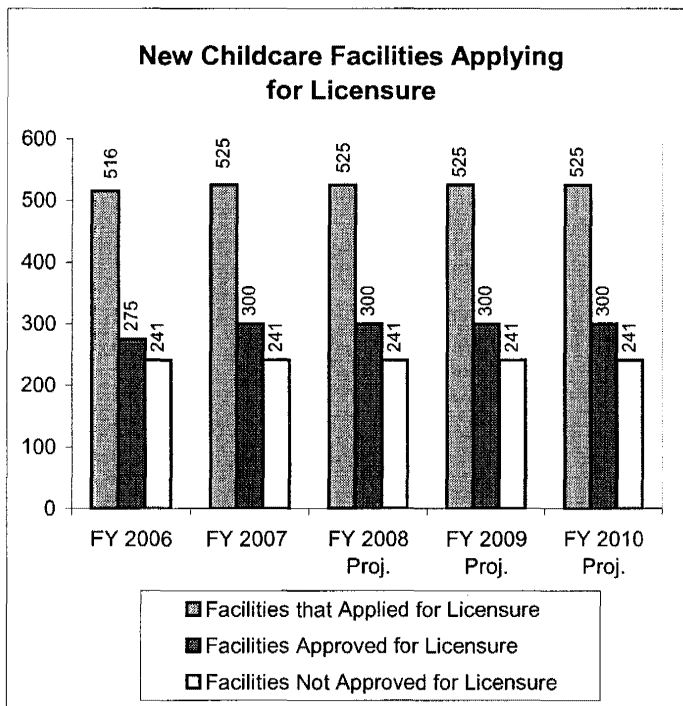
Who is eligible?

Child care facilities meeting the statutory requirements to receive an inspection.

How many people have been served?

Approximately 4,500 facilities.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Environmental Public Health Tracking Network

What does this appropriation support?

The Environmental Public Health Tracking Network will be a nationally consistent network of environmental and public health information. DHSS has been working with the Centers for Disease Control and Prevention (CDC) and several states to develop the environmental public health tracking network. Network information may be used in public health assessment, assurance and policy development activities.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 192.020, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006	FY 2007	FY 2008	FY 2009
	Actual	Actual	Planned	Gov. Rec.
GR	\$41,875	\$30,015	\$0	\$0
FEDERAL	\$322,689	\$234,883	\$304,148	\$304,148
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$364,564	\$264,898	\$304,148	\$304,148

What are the sources of other funds?

Not applicable.

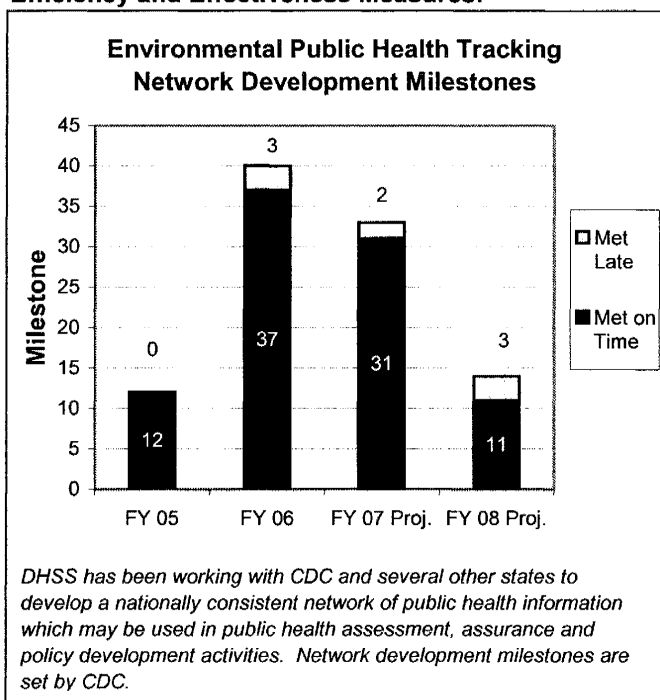
Who is eligible?

Not applicable.

How many people have been served?

Missouri's Environmental Public Health Tracking Network will be available to the public on September 30, 2008. When operative, it can be used by Missouri citizens, federal, state and local regulators and officials, universities and researchers.

Efficiency and Effectiveness Measures:



Governor Recommended New Decision Items:

Not applicable.

Division of Community and Public Health - Onsite Sewage Program

What does this appropriation support?

This program reduces the risk of disease and illness in Missouri by implementing and assuring good sanitation and safety practices for onsite sewage systems. The program assures the inspection of and permits the construction of onsite wastewater treatment systems. The program also trains and registers on-site sewage system professionals, including installers, percolation testers, soil scientists, and inspector/evaluators. Responsibilities also include investigating complaints related to failing onsite wastewater treatment systems. These duties are accomplished collaboratively with local public health agencies and other state and federal agencies. Local agencies perform many of the onsite inspections.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 701.025 to 701.059, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

Yes, the department collects permit fees for newly installed sewage systems. The department also collects a fee for training and registration of onsite professionals. These fees are deposited in the Missouri Public Health Services Fund and used to operate the program.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$12,862	\$12,481	\$12,867
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$149,267	\$169,698	\$275,277	\$275,277
TOTAL	\$149,267	\$182,560	\$287,758	\$288,144

What are the sources of other funds?

Missouri Public Health Services (0298).

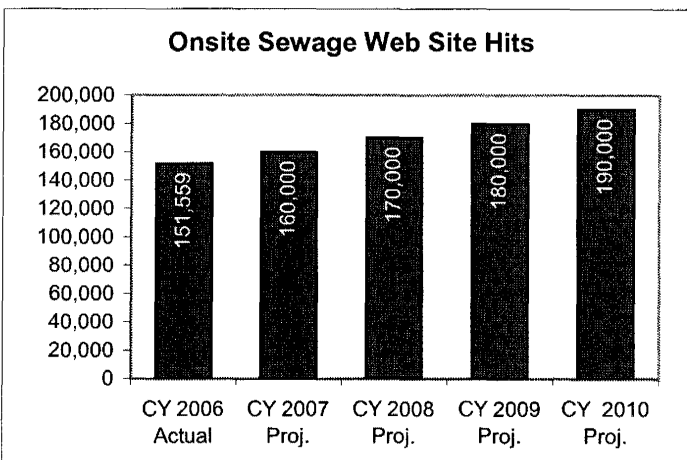
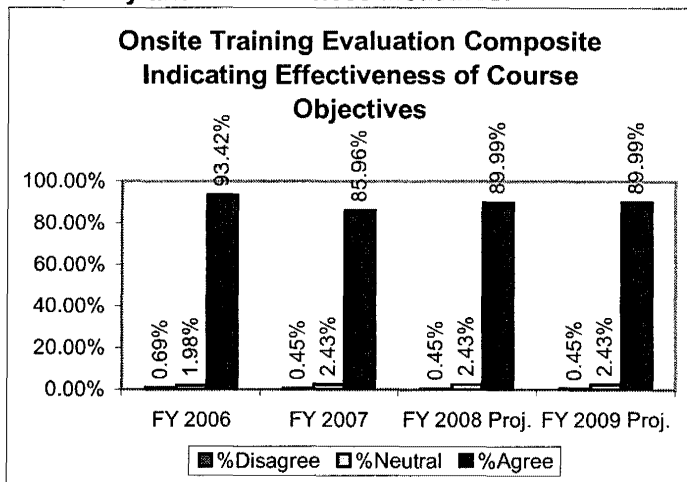
Who is eligible?

Individuals meeting the statutory requirements for licensure and those meeting the requirements related to the issuance of a permit to construct an onsite wastewater treatment system.

How many people have been served?

Not applicable.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Lead Licensing Program

What does this appropriation support?

This program reduces the risk of disease and illness in Missouri by assuring good sanitation and safety practices in lead abatement projects. The program accredits lead abatement training programs, licenses lead abatement professionals and contractors, and monitors lead abatement projects and training programs for regulatory compliance. The program also provides lead-safe work practices information and presentations to parents, homeowners, property owners, remodeling professionals, schools, etc.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 701.300 to 701.338, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

Yes, the department collects fees for licensing lead professionals and job notifications, which is deposited in the Missouri Public Health Services Fund.

What are the expenditures?

	FY 2006 Actual*	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$152,215	\$200,326	\$200,326
OTHER	\$0	\$60,971	\$79,370	\$79,370
TOTAL	\$0	\$213,186	\$279,696	\$279,696

*FY 2005 and FY 2006 expenditure data is not available due to a departmentwide reorganization.

What are the sources of other funds?

Missouri Public Health Services (0298).

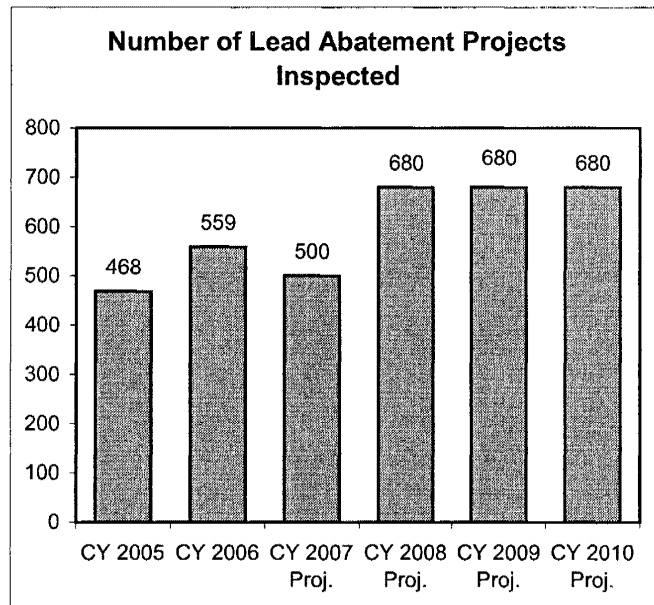
Who is eligible?

Training providers and lead abatement professionals meeting the statutory requirements for licensure.

How many people have been served?

Approximately 1,500.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Radon Program

What does this appropriation support?

Radon is a colorless, odorless, tasteless, naturally occurring radioactive gas. Exposure to radon is the second leading cause of lung cancer. This program encourages reductions to radon exposure through several activities including providing free test kits and educational materials to homeowners, testing schools for radon levels, mitigation assistance to schools with elevated radon concentrations, training on radon and its associated health risks, and measurement and mitigation for realtors. Program staff provide building contractors with information on radon-resistant new construction and encourage radon-resistant new home construction.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 192.020, RSMo.

Federal law: Indoor Radon Abatement Act.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, federal dollars are matched with state dollars on a one to one basis.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$92,704	\$80,066	\$83,343	\$85,921
FEDERAL	\$82,171	\$72,771	\$100,375	\$100,155
OTHER	\$23,559	\$13,526	\$15,375	\$15,375
TOTAL	\$198,434	\$166,363	\$199,093	\$201,451

What are the sources of other funds?

Hazardous Waste Remedial (0690), and Hazardous Waste (0676).

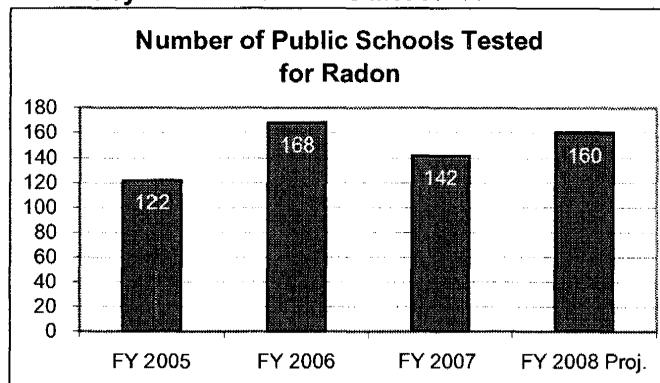
Who is eligible?

Any Missouri citizen is eligible to receive information or a radon test kit. Any Missouri school district may request radon testing.

How many people have been served?

In Fiscal Year 2007, over 2,090 citizens were provided with a radon test kit, 140 schools were tested for radon levels, and 164 realtors were provided with radon training.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Environmental Surveillance

What does this appropriation support?

The Environmental Surveillance Program works to prevent illnesses from exposure to environmental factors such as heat, cold, carbon monoxide, heavy metals or other chemicals. Surveillance activities are conducted to track exposures and the circumstances surrounding the exposures. Information on prevention strategies and activities is provided to the public, healthcare providers, and the news media.

Where is the program located?

Statewide.

What is the authorization for this program?

State regulation: 19 CSR 20.20.020, 19 CSR 20.20.080.

Are there federal matching requirements?

No.

Are there federal matching requirements?

No.

What are the expenditures?

	FY 2006	FY 2007	FY 2008	FY 2009
	Actual	Actual	Planned	Gov. Rec.
GR	\$136,663	\$137,622	\$140,459	\$144,803
FEDERAL	\$135,242	\$41,432	\$52,432	\$52,432
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$271,905	\$179,054	\$192,891	\$197,235

What are the sources of other funds?

Not applicable.

Who is eligible?

All Missouri residents.

How many people have been served?

All Missouri citizens and visitors have been served through news and media releases regarding exposure to environmental conditions.

Efficiency and Effectiveness Measures:

Reported Blood Lead Levels of Missourians 16 Years of Age and Over			
	<15 ug/dL	> 15 ug/dL	> 40 ug/dL
FY 2005	15,998	7,109	194
FY 2006	18,124	7,511	215
FY 2007 Proj.	16,464	9,073	220
FY 2008 Proj.	16,464	9,073	220

Note: 40 ug/dL is the level of concern for adults

Number of Environmental Illnesses or Exposures Reported to DHSS	
FY 2005	464
FY 2006	497
FY 2007*	1,347
FY 2008 Proj.	600

** The large increase in reporting is due to the August 2006 heat wave.*

DHSS Budget Book, Environmental Public Health, Page 180

Governor Recommended New Decision Items:

Not applicable.

Division of Community and Public Health - Lodging Program

What does this appropriation support?

This program reduces the risk of disease and illness in Missouri by implementing and assuring good sanitation and safety practices in Missouri's commercial lodging establishments. This program assures inspections of and licenses lodging establishments.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 315.005 to 315.065, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

Yes, the department collects a licensing fee from lodging establishments, which is deposited in General Revenue.

What are the expenditures?

	FY 2006 Actual*	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$118,049	\$121,444	\$125,200
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$0	\$118,049	\$121,444	\$125,200

*FY 2005 and FY 2006 expenditure data is not available due to a departmentwide reorganization.

What are the sources of other funds?

Not applicable.

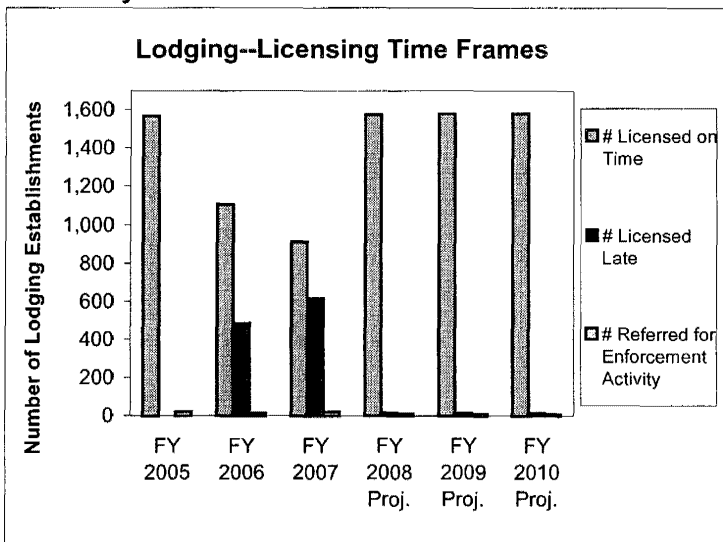
Who is eligible?

Motels, hotels and bed and breakfast facilities with five or more rooms that meet the statutory requirements.

How many people have been served?

Approximately 1,600 lodging establishments are licensed annually.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Indoor Air Quality

What does this appropriation support?

This program provides information and technical assistance to citizens about indoor air quality issues. Indoor air quality issues may include mold, carbon monoxide, asbestos, volatile organic chemicals, etc. Citizens are provided with information on health effects from exposure, advice on how to reduce exposure to indoor air contaminants and other assistance as requested. On-site indoor air quality investigations are conducted for schools and state and local government offices. In rare instances, indoor air investigations at private residences are conducted.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 192.020 and 192.070, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, federal dollars are matched with state dollars on a one to one basis.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$58,818	\$46,697	\$48,621	\$50,125
FEDERAL	\$27,391	\$24,258	\$33,459	\$33,386
OTHER	\$7,854	\$4,508	\$5,126	\$5,126
TOTAL	\$94,063	\$75,463	\$87,206	\$88,637

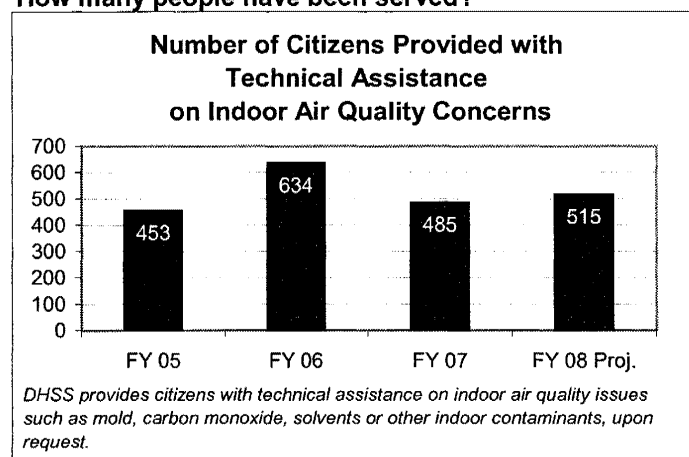
What are the sources of other funds?

Hazardous Waste Remedial (0690), Hazardous Waste (0676).

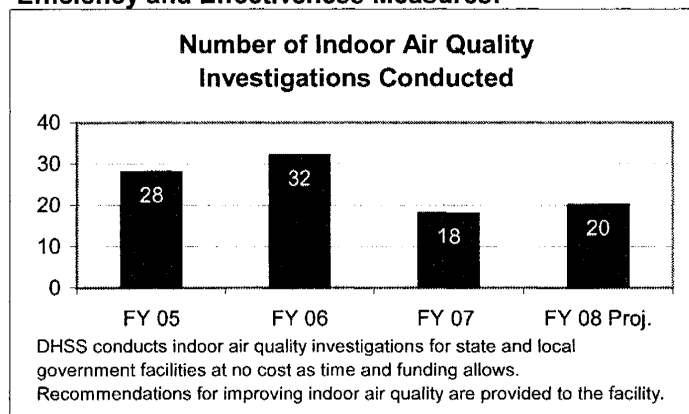
Who is eligible?

All Missouri citizens.

How many people have been served?



Efficiency and Effectiveness Measures:



Division of Community and Public Health - Newborn Screening

What does this appropriation support?

This program screens all newborns in Missouri for 28 disorders [phenylketonuria (PKU), cystic fibrosis, galactosemia, congenital hypothyroidism (CH), congenital adrenal hyperplasia, three hemoglobinopathies, six amino acid disorders, eight fatty acid oxidation disorders, and six organic acid disorders]. In addition, screening for biotinidase deficiency is expected to be implemented in 2008. Infants who have abnormal screening results are tracked to ensure that either a repeat newborn screen or a confirmatory test has been done. Infants who are confirmed positive are entered into a comprehensive system of healthcare. The Missouri Newborn Hearing Screening Program (MNHSP) attempts to assure that all babies born in Missouri are screened for hearing loss prior to discharge from the hospital or before one month of age; are evaluated, as appropriate, by an audiologist by three months of age; and are enrolled in appropriate early intervention by six months of age. MNHSP staff make reasonable efforts through letters and phone calls to contact parents of infants who missed or failed their initial hearing screening, as well as infants with a known risk factor for late-onset hearing loss, and encourage them to seek follow-up services. The MNHSP gathers hearing screening data and disseminates statistics. Additionally, the MNHSP provides education to families, health care and First Steps personnel, administers the newborn hearing screening service coordination pilot project, and implements continuous quality improvement activities.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$56,496	\$51,329	\$72,782	\$75,033
FEDERAL	\$114,903	\$94,542	\$119,648	\$119,648
OTHER	\$0	\$276,750	\$276,750	\$276,750
TOTAL	\$171,399	\$422,621	\$469,180	\$471,431

What are the sources of other funds?

Missouri Public Health Services (0298).

Who is eligible?

All newborns in Missouri.

Where is the program located?

Statewide.

What is the authorization for this program?

Sections 191.925, 191.331, and 191.332, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, the Maternal and Child Health Services Title V Block Grant supports part of this program and requires a \$3 non-federal/\$4 federal match and maintenance of effort.

Does this program generate other revenues?

No.

How many people have been served?

Newborn Screening					
	CY 2005	CY 2006	CY 2007 Proj.	CY 2008 Proj.	CY 2009 Proj.
# of newborns tested for metabolic diseases	78,213	80,891	81,002	81,242	81,416
# of newborns screened for hearing loss prior to 90 days from birth	77,399	78,307	79,220	79,455	79,625
# of newborns screened for hearing loss prior to hospital discharge	74,226	75,071	76,142	76,367	76,531
# of infants who required audiologic evaluation and received it by 3 months of age	423	724	750	770	790
# of infants who required audiologic evaluation and received it by 3 months of age	334	579	615	615	644

Efficiency and Effectiveness Measures:

Disorders Confirmed Positive and Put on Treatment					
	CY 2005	CY 2006	CY 2007 Proj.	CY 2008 Proj.	CY 2009 Proj.
Number of Confirmed Positives for All Disorders Screened, Except Sickle Cell	50	66	90*	91	91
Put on Treatment by One Month of Age	50	66	90*	91	91
Number Infants Confirmed Positive for PKU or CH	40	42	42	42	42
Net Savings for PKU and CH Detected**	\$10,577,720	\$11,106,606	\$11,106,606	\$11,106,606	\$11,106,606

Data is compiled by calendar year and is considered preliminary.

*The number of confirmed positives will increase in CY 2007 due to screening for cystic fibrosis (CF) which began June 1, 2007. It is anticipated that an additional 25 newborns will be confirmed positive for CF.

**Net savings information is from the US Congress Office of Technology Assessment: "Newborn Screening for Congenital Disorders," 1988, \$93,000 cost per case detected in 1986 dollars. Cumulative medical cost inflation was derived using the US Government Consumer Price Index, medical cost data, from 1986 through 2006. In 2006 dollars, the net health care savings per case detected is \$264,443.

DHSS Budget Book, Newborn Screening, Page 185

Governor Recommended New Decision Items:

Not applicable.

Division of Community and Public Health - Nurse Home Visiting Program

What does this appropriation support?

This program provides in-home visits for prenatal and post-partum women and their infants through age two who have been identified to be at-risk for poor pregnancy and infant health outcomes and child abuse and neglect due to socioeconomic status, educational status, age, or prior history. The home visits provide nurse health assessments of the women prenatally and post-partum; assessments of the infant's health as well as growth and development; assessment for risk factors associated with child abuse and neglect and potential amelioration of these factors; education of the mother and family on infant/child health, growth and development, nutrition, safety, and parenting skills; support and education on the benefits of breastfeeding; support and education on the avoidance of alcohol, tobacco, and other drugs; and referrals to needed services through case management. The objectives of this program include: 1) Improve pregnancy outcomes by helping women alter their health-related behaviors; 2) Improve infant and child health, growth, and development by helping parents provide more responsible and competent care for their children; and 3) Improve the family's economic self-sufficiency by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work.

Where is the program located?

The program is offered in the following counties: Bollinger, Boone, Cape Girardeau, Cass, Clay, Dunklin, Greene, Jackson, Jefferson, Johnson, Lafayette, Madison, Maries, Mississippi, New Madrid, Perry, Phelps, Platte, Randolph, Ray, Scott, Ste. Genevieve, Stoddard, and St. Louis counties; St. Louis City.

What is the authorization for this program?

Not applicable.

Is this a federally mandated program?

No.

Are there federal matching requirements?

The Maternal and Child Health Block Grant supports this program with a \$3 non-federal/\$4 federal match and maintenance of effort.

How many people have been served?

Home Visitation Clients Served						
	FY 2005	FY 2006	FY 2007 Proj. (Avail. 12/07)	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
MO Community-Based	740	477	825	850	850	850
Building Blocks	429	523*	400**	400**	400**	400**
TOTAL	1,169	1,000	1,225	1,250	1,250	1,250

* Included Springfield-Greene County Health Department which discontinued the program in June 2007.
 ** Numbers are projected to decrease due to increasing attrition rates and decreasing the length of time women are remaining in the program.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$2,202	\$0	\$0	\$0
FEDERAL	\$1,277,096	\$1,242,700	\$1,585,335	\$1,511,000
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$1,279,298	\$1,242,700	\$1,585,335	\$1,511,000

What are the sources of other funds?

Department of Health - Donated (0658).

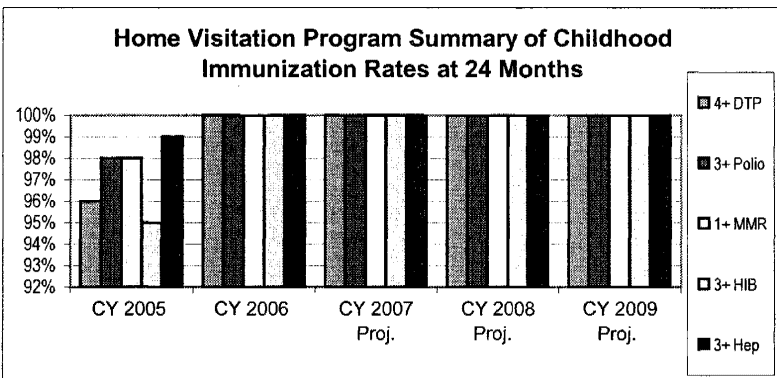
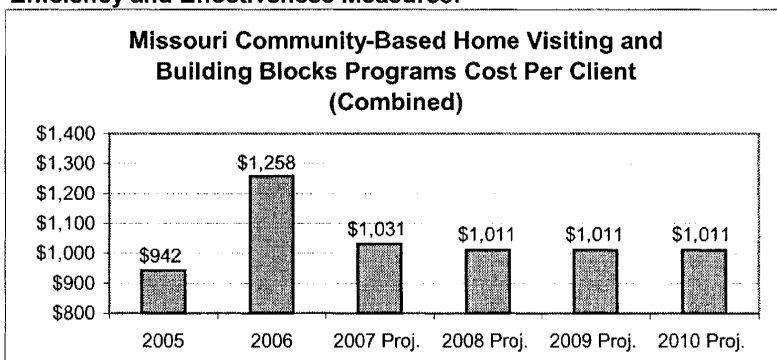
Who is eligible?

Prenatal and post-partum women and their infants through age two who have been identified to be at-risk for poor pregnancy and infant health outcomes and child abuse and neglect due to socioeconomic status, educational status, age, or prior history.

Does this program generate other revenues?

No.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Newborn Health Initiative

What does this appropriation support?

This program promotes healthy birth outcomes and healthy infants by: 1) increasing awareness through educational activities and materials; use of messages and activities to promote the importance of early entry into prenatal care; use of folic acid to reduce the risk of birth defects; avoidance of smoking, alcohol, and other drugs; breastfeeding; placing babies on their backs to sleep; preventive health screenings; and other healthy behaviors; 2) researching the cause of fetal/infant and maternal deaths and developing interventions to ameliorate causes through the Fetal and Infant Mortality Review and Pregnancy Associated Mortality Review projects; 3) increasing the number of women who initiate and continue to breastfeed their infants through the first year of life; 4) reducing the risk of pregnancies exposed to alcohol, tobacco, and other drugs through the Alcohol, Tobacco, and Other Drug (ATOD) Prevention and Awareness Program; and 5) promoting early identification, intervention, and referral of at-risk women and their children by health care providers.

The program includes the Missouri Model for Brief Smoking Cessation Training for health care providers, with special workshops for physicians. The program also includes the Missouri Fetal Alcohol Syndrome Rural Awareness and Prevention Project (MOFASRAP). MOFASRAP strategies include community and individual level interventions to reduce alcohol-exposed pregnancies in at-risk women; maintaining the previously established Fetal Alcohol Syndrome (FAS) Center to provide diagnostic, referral, and follow-up services; and enhancing surveillance systems to monitor the prevalence of alcohol consumption and contraceptive use in women ages 18-44 and the incidence of FAS.

Where is the program located?

Statewide.

What is the authorization for this program?

State Statutes: Sections 192.060 and 192.067, RSMo. (Pregnancy Associated Mortality Review and Fetal and Infant Mortality Review); Sections 191.725 - 191.745, RSMo. (Perinatal Substance Abuse).

Is this a federally mandated program?

No.

Are there federal matching requirements?

The Maternal and Child Health Block Grant supports this program with a \$3 non-federal/\$4 federal match and maintenance of effort.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$132,115	\$156,982	\$5,816	\$5,996
FEDERAL	\$931,924	\$717,805	\$990,254	\$962,790
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$1,064,039	\$874,787	\$996,070	\$968,786

What are the sources of other funds?

Not applicable.

Who is eligible?

All women of childbearing age, their partners, families, and community.

How many people have been served?

Number of Clients Served by Newborn Health Services				
	Baby Your Baby	Back to Sleep	Number of Pregnancies in Year	Number of Live Births in Year
FY 2005	22,637	4,817	90,627	78,547
FY 2006	29,224	7,641	90,274	81,353
FY 2007 Proj.	50,000	12,000	90,500	81,500
FY 2008 Proj.	50,000	14,000	91,000	81,650
FY 2009 Proj.	50,000	15,000	91,000	81,825

Efficiency and Effectiveness Measures:

Percentage of Women Who Reported Taking a Vitamin Pill				
	2006	2007 Proj.	2008 Proj.	2009 Proj.
Missouri BRFSS Survey	60%	N/A	N/A	75%
Missouri PRAMS Survey	N/A	65%	70%	75%

WIC Food Funds Saved When Infants Are Exclusively Breastfed (Monthly Average)					
	FY 2004	FY 2005	FY 2006	FY 2007 Proj.	FY 2008 Proj.
Infant Food Package Cost	\$108.03	\$109.17	\$112.60	\$115.00	\$118.00
Number of Infants Exclusively Breastfed	1,015	1,027	1,032	1,035	1,040
WIC Food Funds Saved	\$109,650.00	\$112,117.59	\$116,203.20	\$119,025.00	\$122,720.00

Breastfeeding Rates					
	CY 2005	CY 2006	CY 2007 Proj.	CY 2008 Proj.	CY 2009 Proj.
Percent of Women Who Initiate Breastfeeding	66.10%	67.30%	70.00%	73.00%	75.00%
Percent of Women Who are Breastfeeding at 6 Months	32.60%	32.50%	37.00%	40.00%	43.00%

Division of Community and Public Health - Missouri School-Age Children's Health Services

What does this appropriation support?

The Missouri School-Age Children's Health Services (SHS) provides partial funding for school health services staff (school nurses, school social workers, and health aides) to schools with the highest need and least financial resources. The purpose of the contract is to promote physical and emotional health of school-age children by equipping students with the skills and attitudes necessary to make healthy decisions. These performance based contracts focus on increasing access to a regular source of medical care and addressing the unique needs of children with chronic conditions by developing health plans in collaboration with the students, parents, and health care professionals. Services offered are planned and approved by local school health advisory councils comprised of parents, teachers, students, and local community stakeholders. In addition, the program provides consultation and technical assistance related to school health services to all school districts. The program is a collaborative effort of the State Departments of Health and Senior Services, Social Services, and Elementary and Secondary Education.

Where is the program located?

Statewide, except for the following counties with adequate nurse-to-student ratios: Audrain, Benton, Camden, Clinton, Cole, Holt, Howard, Maries, Mississippi, Moniteau, Morgan, New Madrid, Oregon, Pike, Putnam, Ralls, St. Charles, St. Louis City, and Worth.

What is the authorization for this program?

State statutes: Section 167.603, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, the Maternal and Child Health Services Block Grant requires a \$3 non-federal/\$4 federal match and maintenance of effort.

Does this program generate other revenues?

Yes, Cumulative School Health Records are purchased by schools from Missouri School-Age Children's Health Services. The revenue is deposited into the Department of Health and Senior Services Document Services Fund.

DHSS Budget Book, Missouri School Age Children's Health Services, Page 193

Governor Recommended New Decision Item:
Not applicable.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$10,348	\$0	\$0	\$0
FEDERAL	\$194,115	\$235,257	\$300,120	\$286,047
OTHER	\$5,191,541	\$5,182,642	\$5,359,157	\$5,359,157
TOTAL	\$5,396,004	\$5,417,899	\$5,659,277	\$5,645,204

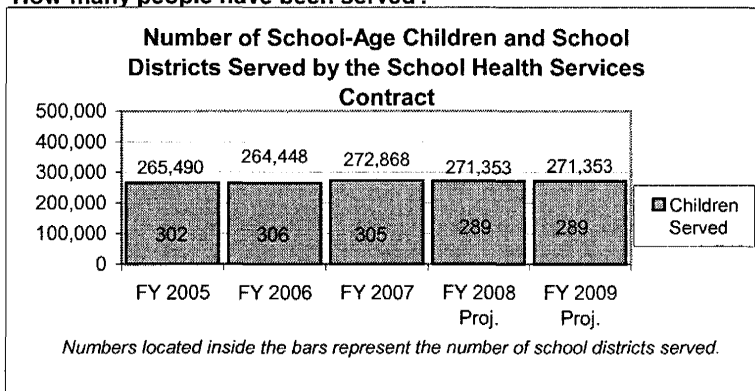
What are the sources of other funds?

Health Initiatives (0275); Department of Health and Senior Services Document Services (0646).

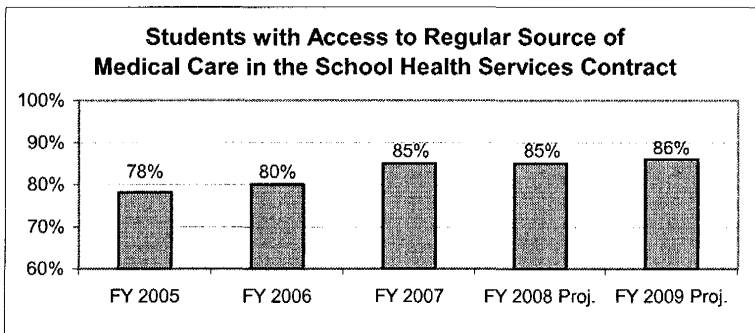
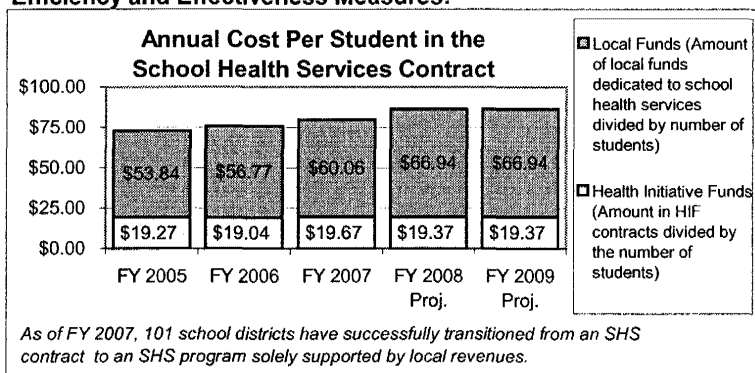
Who is eligible?

School districts with no or inadequate nursing services as identified by the school health services staffing survey.

How many people have been served?



Efficiency and Effectiveness Measures:



Division of Community and Public Health - Adolescent Health

What does this appropriation support?

This program provides consultation, education, training, and resources to assist health professionals, school personnel, parents, adolescents, state agencies, and community and state organizations in addressing various adolescent health concerns. Staff consult across department programs to strengthen capacity and expertise in addressing the health of adolescents and their families. Features of this program include a bi-monthly newsletter on best practices in adolescent health care disseminated to over 6,000 health professionals statewide; educational training on current adolescent health issues; Teen Outreach Program (TOP) after school programs with service learning opportunities that promote healthy youth development, improve academic outcomes, and protect adolescents from risk factors that contribute to teen pregnancy and other negative behaviors; and abstinence education for adolescents and parent education programs.

Where is the program located?

Statewide.

What is the authorization for this program?

Federal law: Federal Public Law (P.L. 110-90 for Fiscal Year 2008, Q1) for the Title V, Section 510 Abstinence Education Grant Program.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, both the Maternal and Child Health Services Block Grant and Abstinence Education (AE) Grant require a \$3 non-federal/\$4 federal match and maintenance of effort. AE contractors are required to meet the match for respective contracts.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$1,100,480	\$1,058,278	\$1,350,065	\$1,286,760
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$1,100,480	\$1,058,278	\$1,350,065	\$1,286,760

What are the sources of other funds?

Not applicable.

Who is eligible?

All Missouri citizens, as well as public and private sector organizations, are eligible to receive educational resources and services provided through the program.

How many people have been served?

In FY-08 the department expects to serve:

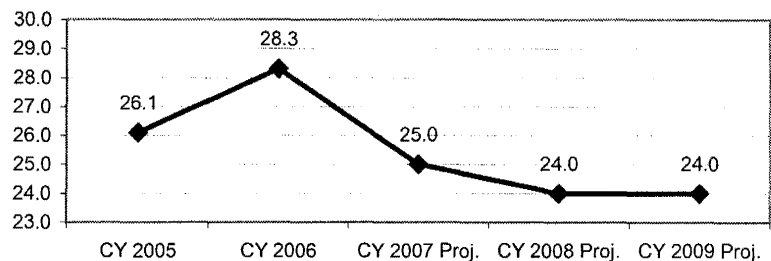
- 25,000 Abstinence Education Program participants;
- 6,500 health professionals who will receive education and training; and
- 130 Teen Outreach Program youth participants.

Efficiency and Effectiveness Measures:

Average cost per client served		
Years	Abstinence Education	Teen Outreach Program (National average = \$620)
FY 2005	\$44.21	\$453.24
FY 2006	\$31.32	\$537.48
FY 2007	\$21.20	\$406.57
FY 2008 Proj.	\$35.00	\$540.00
FY 2009 Proj.	\$35.00	\$540.00

*Cost per Teen Outreach Program (TOP) client includes approximately 40 hours per youth per year. National average cost of TOP per youth is \$620. A national 2007 benefit-cost study found that for every \$620 invested, \$802 is saved in societal costs (i.e., welfare, remedial education, criminal justice, earnings and taxes).

**Missouri Rate of Pregnancy for Teenagers Age 15-17
per 1,000 Adolescent Females**



Division of Community and Public Health - Genetic Services

What does this appropriation support?

The Genetic Services Program provides screening, diagnostic evaluations, treatment, and counseling to Missourians with genetic conditions. A referral network connects Missourians in need of genetic services with appropriate healthcare providers. Funding also provides treatment services for adults over 21 years of age with an income up to 185 percent of the Federal Poverty Level with cystic fibrosis, hemophilia, and sickle cell disease. All third party payers must be utilized before reimbursement is considered.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 191.300 - 191.380, RSMo.
Federal law: Title V Social Security Act, Maternal and Child Health Services Title V Block Grant Sec 501-510.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, the Maternal and Child Health Services Title V Block Grant supports part of this program and requires a \$3 non-federal/\$4 federal match and maintenance of effort.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$1,040,062	\$1,304,664	\$1,217,238	\$1,254,885
FEDERAL	\$990,604	\$1,004,314	\$1,252,029	\$1,237,070
OTHER	\$21,715	\$0	\$0	\$0
TOTAL	\$2,052,381	\$2,308,978	\$2,469,267	\$2,491,955

What are the sources of other funds?

Health Initiatives (0275).

Who is eligible?

Individuals and families with genetic and genetic-related conditions. Adults over 21 years of age with an income up to 185 percent of the Federal Poverty Level with cystic fibrosis, hemophilia, and sickle cell disease. All third party payers must be utilized before reimbursement is considered.

How many people have been served?

Number of Clients Served						
	FY 2005	FY 2006	FY 2007	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
Genetic Tertiary Centers	2,753	2,591	3,696	2,600	2,600	2,600
Hemoglobinopathy	750	825	1,147	900	900	900
Sickle Cell Trait	956	445	454	600	600	600
Adult Treatment Program	33	33	32	31	31	31

Efficiency and Effectiveness Measures:

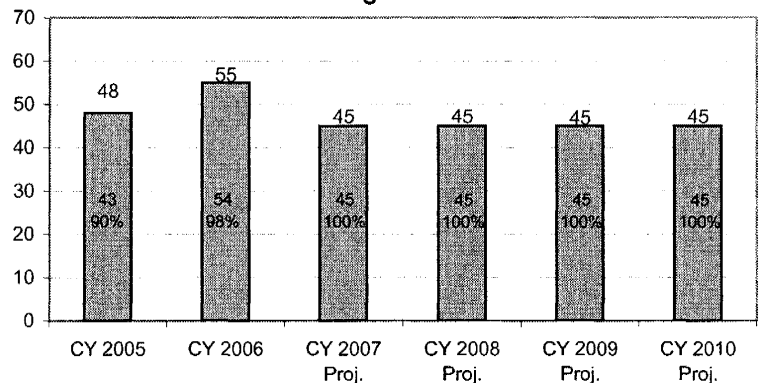
Average Cost Per Client Per Year						
	FY 2005	FY 2006	FY 2007	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
Genetic Tertiary Centers*	\$307	\$203	\$142	\$307	\$307	\$307
Hemoglobinopathy	\$798	\$728	\$522	\$598	\$598	\$598
Sickle Cell Trait	\$85	\$90	**	**	**	**

*Average cost per client for Genetic Services does not include clients served through educational activities.
**Average cost per client for Hemoglobinopathy center services includes Sickle Cell Trait Counseling.

Governor Recommended New Decision Items:

Not applicable.

Number and Percent of Children with Sickle Cell Disease Having a Medical Home



Note: The numbers outside the box represent the number of children identified with sickle cell disease. The numbers inside represent the number of those children with a medical home, along with the percent of children with a medical home. The term "medical home" means a child with an abnormal screen has had a confirmatory test to diagnose the condition, has been put on an appropriate diet/medicine, and has been seen or is scheduled to be seen by a health care provider.

Division of Community and Public Health - Metabolic Formula Program

What does this appropriation support?

The Metabolic Formula Distribution Program provides dietary formula and an annual examination to medically and financially qualified Missouri residents of any age, who have been diagnosed with one of the following conditions: phenylketonuria (PKU); maple syrup urine disease (MSUD); glutaric acidemia; homocystinuria; methylmalonic acidemia; citrullinemia; argininosuccinic acidemia; isovaleric acidemia; 3-hydroxy-3-methylglutaryl CoA lyase deficiency (HMG); 3-methylcrotonyl CoA carboxylase deficiency (3MCC); propionic acidemia; and other diseases approved by the Missouri Genetic Advisory Committee. Financial eligibility guidelines are based on the U.S. Department of Health and Human Services Poverty Income Guidelines.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 191.331, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$130,109	\$253,880	\$239,695	\$247,108
FEDERAL	\$1,396	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$131,505	\$253,880	\$239,695	\$247,108

What are the sources of other funds?

Not applicable.

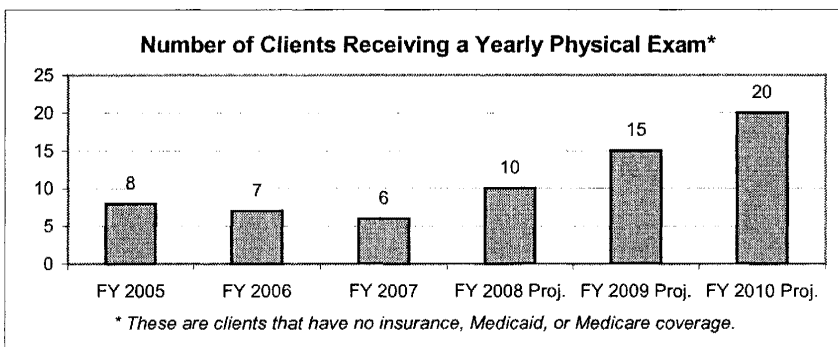
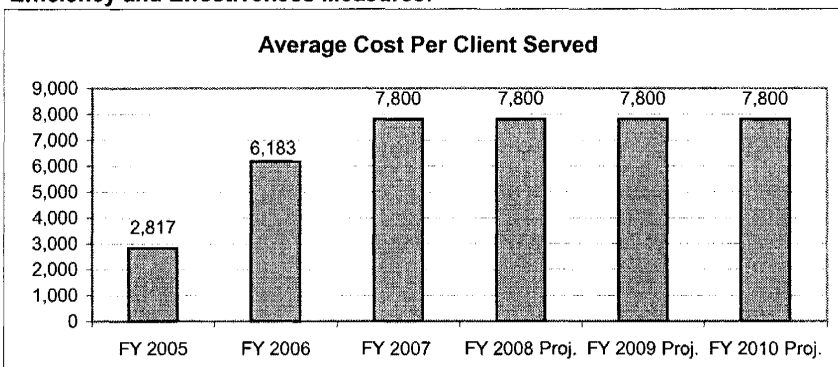
Who is eligible?

Children from birth through age 5 have no income restrictions; children ages 6 through 18 are fully covered up to 300 percent of the federal poverty level; children ages 6 through 18 are also covered on a sliding fee for incomes exceeding 300 percent of the poverty level; and adults age 19 and over are covered up to 185 percent of the poverty level. All third party payers must be utilized before reimbursement is considered. Applicants and program participants must apply for Medicaid benefits or medical assistance and complete the application process to obtain or maintain program eligibility.

How many people have been served?

Number of Clients Served					
FY 2005	FY 2006	FY 2007	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
14	21	36	40	45	50

Efficiency and Effectiveness Measures:



Governor Recommended New Decision Items:

Not applicable.

Division of Community and Public Health - Special Health Care Needs

What does this appropriation support?

Special Health Care Needs provides statewide healthcare support services, including service coordination for individuals with disabilities, chronic illness, and birth defects. Service coordination facilitates, coordinates, monitors, evaluates services and outcomes, and encourages an individual/family to improve their level of independence. The Children with Special Health Care Needs Program provides preventive, diagnostic, and treatment services for children under the age of 21 who meet financial and medical eligibility criteria. Services include assessment and treatment. Administrative Case Management Services are provided for MO HealthNet Healthy Children and Youth (HCY) and Physical Disabilities Waiver (PDW) participants. Participants of HCY are under the age of 21, and participants of PDW are over the age of 21. Services include prior authorization of medically necessary services and coordination of services for Medicaid payment beyond the scope of the Medicaid state plan.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 191.725-191.745, 201.030; 201.040, RSMo.

Federal law: Title V Social Security Act, Maternal and Child Health Bureau Title V Block Grant, Section 501-510.

Is this a federally mandated program?

Yes, states receiving Title V Block Grant funds are required to have a Children with Special Health Care Needs Program.

Are there federal matching requirements?

Yes, the program is supported by the Maternal and Child Health Block Grant, which requires a \$3 non-federal/\$4 federal match.

Does this program generate other revenues?

No.

How many people have been served?

	FY 2005	FY 2006	FY 2007	FY 2008 Proj.	FY 2009 Proj.
Total number of Medicaid Physical Disabilities Waiver participants enrolled in the SHCN Program	49	50	61	72	90
Total number of Medicaid Healthy Children and Youth participants enrolled in the SHCN Program	2,698	2,705	2,643	2,643	2,643
Total number of children with special health care needs who received Service Coordination through a SHCN program (excluding PDW and HCY)	1,543	1,550	1,283	1,283	1,283

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$1,867,140	\$1,927,510	\$1,974,077	\$2,019,623
FEDERAL	\$2,197,754	\$2,241,540	\$2,554,736	\$2,508,226
OTHER	\$67,711	\$65,626	\$110,000	\$110,000
TOTAL	\$4,132,605	\$4,234,676	\$4,638,813	\$4,637,849

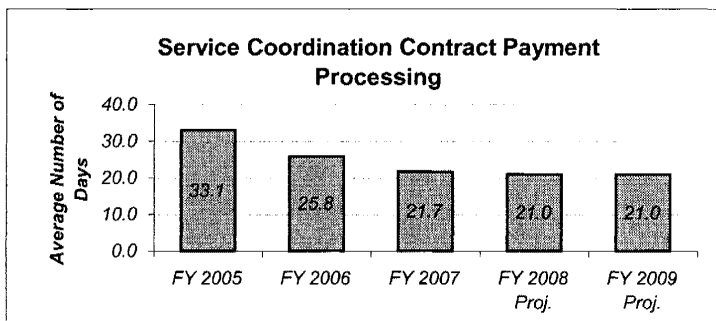
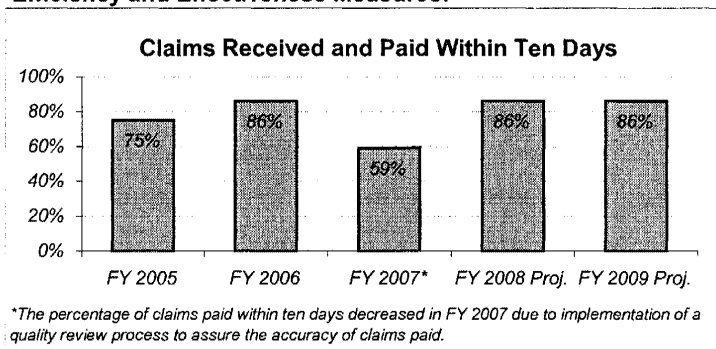
What are the sources of other funds?

C & M Smith Memorial Endowment (0873); and Crippled Children Services (0950).

Who is eligible?

Children with Special Health Care Needs Program - children under the age of 21 who meet financial and medical eligibility criteria. Healthy Children and Youth - children under the age of 21 eligible for MO HealthNet and require medically necessary in-home services. Physical Disabilities Waiver - individuals over the age of 21 eligible for MO HealthNet and have participated in or been eligible for Private Duty Nursing through the HCY Program based on medical necessity.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Adult Head Injury Program

What does this appropriation support?

This program assists Missouri residents age 21 to 65 who have survived a traumatic brain injury (TBI) in coordinating and purchasing rehabilitative services. The goal of the Adult Head Injury Program is to enable TBI survivors to return to a productive lifestyle in their local community. The Adult Head Injury Program provides service coordination and rehabilitation services, ensures statewide access to evaluation and rehabilitative services, develops and monitors the participant's individualized goal-directed plan of service, and builds natural support systems that result in successful re-integration into the community. The program also provides staff support to the Missouri Head Injury Advisory Council, which is charged with the responsibility to develop, recommend, and coordinate policies to prevent TBI and to restore independent and productive lifestyles after TBI. The program staff manage a TBI Grant from the Department of Health and Human Services, which focuses on TBI system change initiatives and public awareness.

Where is the program located?

Statewide.

What is the authorization for this program?

State statute: Sections 192.735, 199.003 199.051, and 304.028, RSMo.

Federal law: Title XIX of the Social Security Act.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Medicaid funds support a portion of this program with a 50 percent General Revenue/50 percent federal match for service coordination. The TBI Grant requires a 50 percent match of state funds for every federal dollar granted.

Does this program generate other revenues?

No.

How many people have been served?

	FY 2005	FY 2006	FY 2007	FY 2008 Proj.	FY 2009 Proj.
TBI participants receiving specialized head injury service coordination	596	607	611	611	611
TBI participants receiving rehabilitative services	143	138	211*	211	211
Number of community based rehabilitative service providers	76	69	68	70	70

Note: Occupational Therapy, Speech Therapy, and Physical Therapy were eliminated as services provided by the program effective October 1, 2006.

* The program received \$765,000 in additional funding in FY 2007. The additional funding increased the number of participants who received rehabilitative services and decreased the average number of days participants were on the waiting list prior to receiving services. For FY 2008 and 2009, projections indicate that the same number of participants will receive rehabilitative services; however, the average number of days on the waiting list will start increasing.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$662,270	\$1,403,951	\$1,406,549	\$1,445,092
FEDERAL	\$203,915	\$228,340	\$404,474	\$403,427
OTHER	\$849,016	\$477,828	\$852,400	\$852,400
TOTAL	\$1,715,201	\$2,110,119	\$2,663,423	\$2,700,919

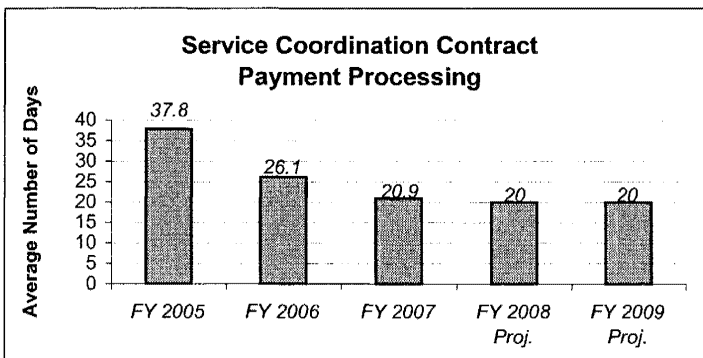
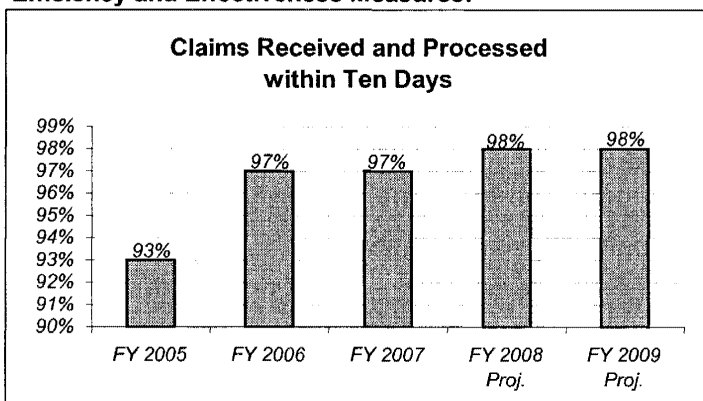
What are the sources of other funds?

Head Injury (0742).

Who is eligible?

Missouri residents age 21 to 65 who have survived a traumatic brain injury.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Injury and Violence Prevention

What does this appropriation support?

The Injury and Violence Prevention Program (IVPP) coordinates prevention interventions, collaborates with other agencies addressing injury causes, and supports the collection and analysis of injury data. The Unintentional Injuries activities are contracted to eight local Safe Kids coalitions to conduct primary injury prevention interventions in communities. The program also funds a contract with the University of Missouri, ThinkFirst Missouri Educational Program, to provide primary prevention activities addressing the prevention of head and spinal cord injuries. In addition, IVPP contracts with community-based rape and abuse agencies to provide sexual assault prevention activities and/or crisis counseling and other services to rape and sexual assault victims. IVPP also funds forensic examinations for suspected victims of rape, sexual assault, and sexual abuse; annual update training for health care providers who conduct the examinations for children who are suspected victims of child maltreatment; and educational initiatives promoting screening for interpersonal violence by health care providers. The program also coordinates the development of the Violence Against Women State Prevention Plan and co-sponsors an annual Sexual Assault Prevention Conference.

Where is the program located?

Statewide.

What is the authorization for this program?

State statute: Sections 199.003 and 307.182, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, the program is supported by the Maternal and Child Health Block Grant, which requires a \$3 non-federal/\$4 federal match.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$2,410	\$24,500	\$34,740	\$35,814
FEDERAL	\$1,217,177	\$1,048,937	\$1,282,722	\$1,271,929
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$1,219,587	\$1,073,437	\$1,317,462	\$1,307,743

What are the sources of other funds?

Not applicable.

Who is eligible?

Safe Kids provides services to prevent unintentional injuries and death in children aged fourteen and under. ThinkFirst Missouri provides education to prevent traumatic head and spinal cord injury to students in middle, junior high and senior high schools.

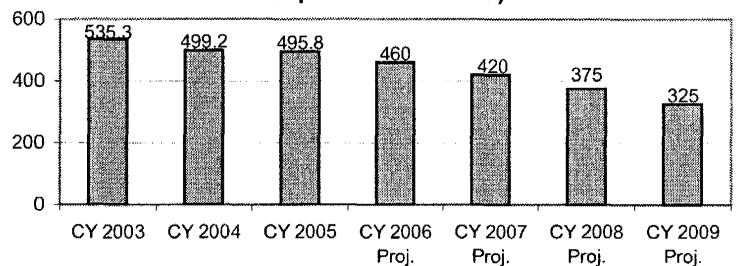
How many people have been served?

Clients Served					
	FY 2005	FY 2006	FY 2007	FY 2008 Proj.	FY 2009 Proj.
ThinkFirst	24,577	17,364	Avail. 1/31/08	20,000	20,000
Safe Kids	75,433	100,516	Avail. 1/31/08	110,000	115,000

Efficiency and Effectiveness Measures:

Average cost per individual served				
	FY 2006	FY 2007	FY 2008 Proj.	FY 2009 Proj.
ThinkFirst	\$2.41	Available 1/31/08	\$2.00	\$2.00
Safe Kids	\$0.89	Available 1/31/08	\$0.68	\$0.65
Sexual Assault Prevention (SAP)	\$4.18	Available 1/31/08	\$4.29	\$4.29
Sexual Assault Victim (SAV)	\$104.43	Available 1/31/08	\$94.86	\$94.86
SAFE-CARE Training and Consultation	\$154.69	\$90.47	\$85.00	\$85.00

**Rate Per 100,000 Population of Motor Vehicle Traffic
Injuries in Children Under Age 15 (Pedestrian,
Bicyclist, Motorcyclist, and Car/Truck/etc.
Occupants - Combined)**



CY 2006 data will be available in February

Division of Community and Public Health - Rape Medical Exam, Sexual Assault Forensic Exam

What does this appropriation support?

This program coordinates the Rape Medical Exam (RME) and Sexual Assault Forensic Examination - Child Abuse Resource and Education Network (SAFE-CARE). The RME and SAFE-CARE programs were combined into the Sexual Assault Forensic Examination (SAFE) Program beginning in FY 2008. General Revenue pays for the sexual assault forensic exam (collection of evidence). An annual update training is provided for the SAFE-CARE Network providers who conduct the examinations for children who are suspected victims of child maltreatment. A contract will be awarded through a Request for Proposal to develop a tiered system of care for addressing child maltreatment statewide.

Where is the program located?

Statewide.

What is the authorization for this program?

State statute: Section 191.225, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Who is eligible?

Any child or woman who has been a victim of sexual assault in Missouri and undergoes an examination for evidence collection.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$179,953	\$197,071	\$320,495	\$322,675
FEDERAL	\$1,689	\$34,206	\$43,638	\$41,592
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$181,642	\$231,277	\$364,133	\$364,267

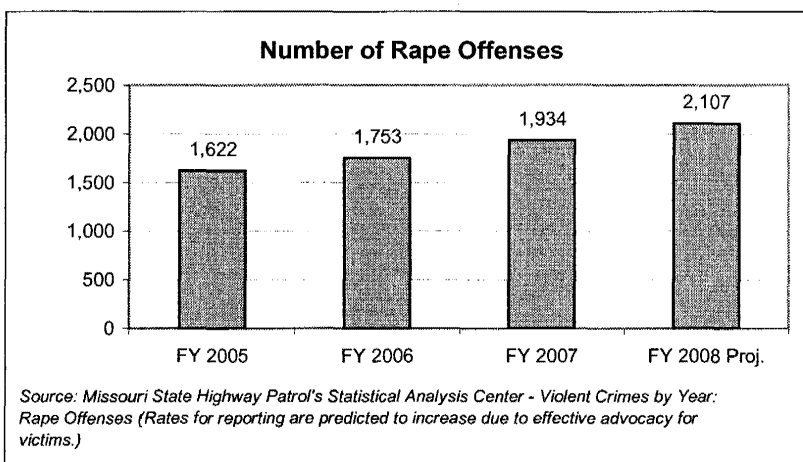
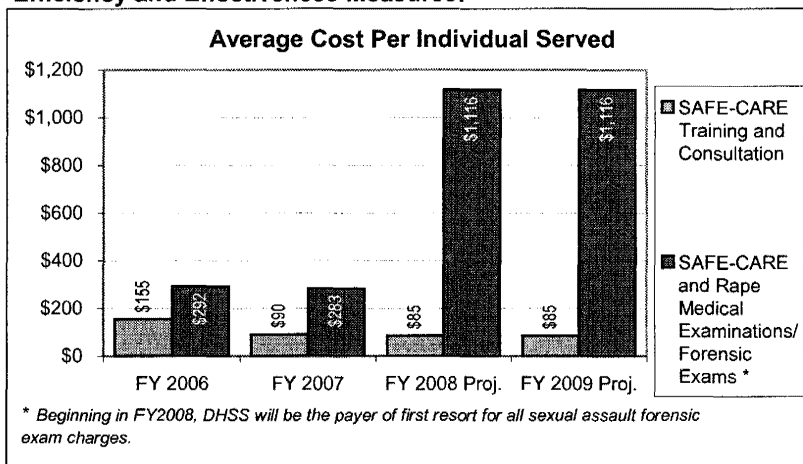
What are the sources of other funds?

Not applicable.

How many people have been served?

Clients Served					
	FY 2005	FY 2006	FY 2007	FY 2008 Proj.	FY 2009 Proj.
SAFE-CARE Training and Consultation	118*	26 new	33 update 5 new	50 update 6 new	50 update 6 new
Forensic Rape Examinations**	249	251	479	2,449	2,649
* Combined new and update trainings.					
** Beginning in FY08, DHSS will be the payer of first resort for all forensic exams.					

Efficiency and Effectiveness Measures:



DHSS Budget Book, Injury and Violence Prevention, Page 210

Governor Recommended New Decision Items:

Forensic Exams, Page 228

Division of Community and Public Health - Health System Development

What does this appropriation support?

This program works to ensure the access and availability of essential medical, mental, and dental health services for all of Missouri's populations. Program efforts are focused on community assessment and organizational models, the development of health care infrastructure, health system quality improvement initiatives, and assessments of health professional shortages. Specific activities include the Primary Care Resource Initiative for Missouri investments in health care facilities and community health care coalition development; the Critical Access Hospital Quality Network, the Missouri Comprehensive Advanced Life Support Training network, the Small Rural Hospital Improvement Program, Community-Based Systems of Care Models, and Health Professional Shortage Area designations. The funds identified in these programs go primarily to community-based health care providers, community coalitions and local public health departments to achieve programmatic outcomes.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 192.604, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, the State Office of Rural Health Grant requires a \$3 state to \$1 federal match.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$24,589	\$1,143,384	\$64,299	\$66,288
FEDERAL	\$1,148,101	\$1,424,467	\$1,862,068	\$1,790,141
OTHER	\$1,385,762	\$1,280,290	\$1,320,252	\$1,320,252
TOTAL	\$2,558,452	\$3,848,141	\$3,246,619	\$3,176,681

What are the sources of other funds?

Health Access Incentive (0275); and Professional and Practical Nursing Loan and Loan Repayment (0565).

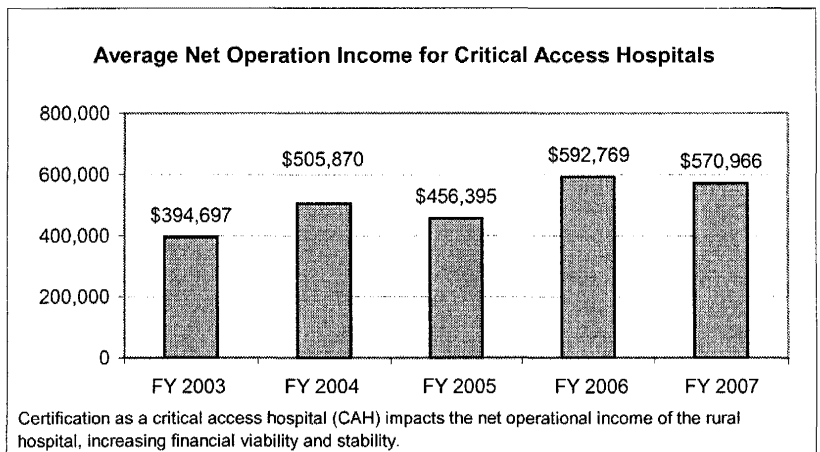
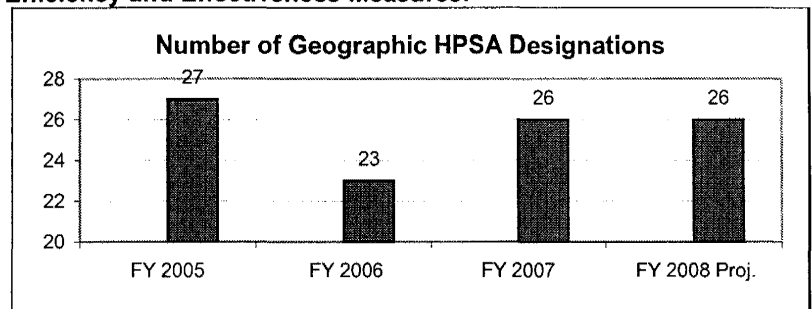
Who is eligible?

Communities and health care facilities throughout Missouri; small rural hospitals less than 50 beds (SHIP Grant), and small rural hospitals with 25 beds or less (Critical Access Hospitals).

How many people have been served?

During FY 2007, access to health care services was increased for approximately 60,000 individuals through health care delivery systems development. FLEX Grant funds provide programmatic services for 36 Critical Access Hospitals regarding network development, quality improvement, and emergency medical systems. SHIP Grant funds assisted 44 small rural hospitals for quality improvement, and implementation of the Health Insurance Portability and Protection Act and the Prospective Payment System.

Efficiency and Effectiveness Measures:



Department of Health and Senior Services - Oral Health Preventive Services

What does this appropriation support?

Oral Health Preventive Services focuses on reducing the incidence of oral disease. Initiatives including preventive measures and clinical services are either conducted or supported. Preventive efforts include providing fluoride mouth rinse/varnish in early childhood learning centers/schools. Oral health educational materials and toothbrushes are provided to help improve oral health hygiene/habits. The program also encourages public water fluoridation to help ensure that all Missourians have access to fluoride in their drinking water. Clinical efforts include supporting two programs (Elks Mobile Dental and Missouri Donated Dental Services) that provide dental care to children/adults who have physical, medical or mental disabilities or who are elderly. Portable dental equipment is provided to assist communities with oral health outreach. State of oral health in children is monitored. Participation in oral health coalitions helps facilitate a comprehensive statewide oral health prevention and education system and to ensure access to dental care.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 192.050, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

The program is supported by the Maternal and Child Health Block Grant, which requires a \$3 non-federal/\$4 federal match.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$23,384	\$48,603	\$66,103	\$68,147
FEDERAL	\$967,952	\$939,728	\$1,231,193	\$1,185,535
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$991,336	\$988,331	\$1,297,296	\$1,253,682

What are the sources of other funds?

Health Access Incentive (0276); Professional and Practical Nursing Student Loan and Nurse Loan Repayment (0565).

Who is eligible?

Children attending early childhood learning centers/schools that are participating with programs offered or receiving oral health outreach in communities; children and adults receiving dental care through Elks and Donated Dental Services.

How many people have been served?

	FY 2005	FY 2006	FY 2007	FY 2008 Proj.
Fluoride Mouth Rinse	91,439	92,933	94,822	76,110
Preventative Service Program	0	4,377	8,213	25,000
Elks Mobile Dental Patients	1,824	2,247	2,514	2,500
Donated Dental Services	0	89	120	78

Efficiency and Effectiveness Measures:

Fluoride Treatment Program - Cost per Child				
	FY 2005	FY 2006	FY 2007	FY 2008 Proj.
Fluoride Mouth Rinse	\$1.46	\$2.40	\$2.56	\$2.61
Fluoride Varnish	N/A	\$1.15	\$1.26	\$1.36

Division of Community and Public Health - Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

What does this appropriation support?

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) prescribes and pays for nutritious foods to supplement the diets of pregnant women, mothers who breastfeed for one year and mothers who formula feed for six months, and infants and children up to their fifth birthday who qualify as "nutritionally at-risk" and meet Federal Poverty Guidelines. The WIC program also provides nutrition education, breastfeeding promotion and support, conducts immunization screenings, and makes appropriate referrals to address the needs of WIC participants.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 192.005, RSMo.

Federal law: 42 USC 1786 Child Nutrition Act of 1966.

Federal regulation: 7 CFR 246.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

Yes, fines and recoupments from vendors and rebates on infant formulas are used to pay for WIC foods.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$98,749,340	\$102,074,597	\$113,527,923	\$113,498,860
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$98,749,340	\$102,074,597	\$113,527,923	\$113,498,860

What are the sources of other funds?

Not applicable.

Who is eligible?

Pregnant, breastfeeding and postpartum women; infants; and children less than age five with incomes less than 185 percent of the federal poverty level that are nutritionally at-risk.

How many people have been served?

	FFY 2005	FFY 2006	FFY 2007 Proj.	FFY 2008 Proj.
Women	35,324	36,277	36,272	36,589
Infants	36,588	37,552	37,659	37,927
Children	60,313	58,660	58,884	59,246
Total	132,225	132,489	132,815	133,762

Efficiency and Effectiveness Measures:

WIC FOOD FUNDS SAVED WHEN INFANTS ARE EXCLUSIVELY BREASTFED (Average Monthly)				
	FFY 2005	FFY 2006	FFY 2007 Proj.	FFY 2008 Proj.
Infant Food Package Cost	\$109.17	\$112.60	\$115.00	\$118.00
Number of Infants Exclusively Breastfed	1,027	1,032	1,035	1,040
WIC Food Funds Saved	\$112,117.59	\$116,203.20	\$119,025.00	\$122,720.00

Percent of Pregnant Women Entering WIC in the First Trimester			
FFY 2005	FFY 2006	FFY 2007 Proj.	FFY 2008
41.05%	42.00%	42.20%	42.25%

Note: Pregnant women entering the WIC Program receive supplemental nutritious foods and nutrition education. The earlier the baby is enriched by nutritious foods, the more likely there will be a positive birth outcome.

Division of Community and Public Health - Child and Adult Care Food Program

What does this appropriation support?

The Child and Adult Care Food Program (CACFP) is an entitlement program with the goal to improve the nutrient intake of participants in licensed child care centers, license-exempt child care centers, licensed and registered family child care homes, licensed adult day care centers, emergency homeless shelters, and after school programs in order to improve health. The CACFP reimburses eligible facilities for nutritious meals served to enrolled participants.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 210.251, RSMo.

Federal law: 42 USC 1766, National School Lunch Act.

Federal regulation: 7CFR 226.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$39,351,196	\$39,342,078	\$40,087,632	\$40,086,401
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$39,351,196	\$39,342,078	\$40,087,632	\$40,086,401

What are the sources of other funds?

Not applicable.

Who is eligible?

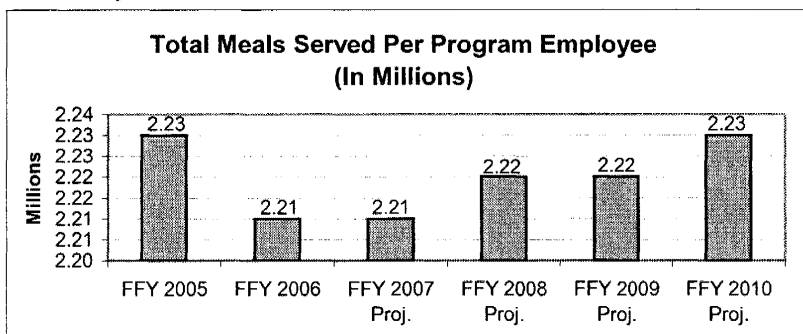
Children age 12 and under enrolled in child care, migrant children age 15 years and under, children age 18 and under with physical and mental disabilities, children age 18 and under enrolled in after school programs or emergency shelters, adults age 18 and above who are functionally impaired, and adults age 60 and above enrolled in adult day care.

How many people have been served?

Average Daily Attendance During CACFP's Peak Month*				
FFY 05	FFY 06	FFY 07	FFY 08 Proj.	FFY 09 Proj.
59,361	66,659	68,345	67,500	68,000

*The peak month of service for CACFP is April. Since participation levels fluctuate throughout the year, tracking the highest month's participation level provides a more useful trend to analyze data.

Efficiency and Effectiveness Measures:



Percent of CACFP Contractors Monitored Who Were In Compliance With Program Regulations				
FFY 2005	FFY 2006	FFY 2007 Proj.	FFY 2008 Proj.	FFY 2009 Proj.
95.45%	97.14%	97.00%	97.00%	97.00%

Division of Community and Public Health - Summer Food Service Program

What does this appropriation support?

The Summer Food Service Program (SFSP) reimburses eligible sponsoring organizations to provide meals to low-income children age 18 and under when school is not in session, improving their nutrient intakes, reducing their risk for nutritionally-related health problems, and enhancing their learning capabilities when they return to school. The SFSP also improves the quality of summer programs offered in low-income areas and provides summer employment opportunities in local communities, helping to achieve financial security for families.

Where is the program located?

In low-income areas where 50 percent or more of school children are eligible for free/reduced price school meals or census tract block groups with household incomes at or below 185 percent of the federal poverty level.

What is the authorization for this program?

State statutes: Section 191.810, RSMo.
Federal law: 42USC 1761, National School Lunch Act.
Federal regulation: 7CFR 225.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$7,412,768	\$7,386,311	\$7,338,611	\$7,338,503
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$7,412,768	\$7,386,311	\$7,338,611	\$7,338,503

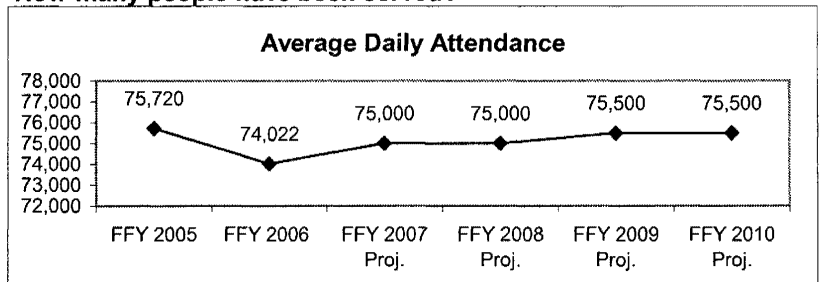
What are the sources of other funds?

Not applicable.

Who is eligible?

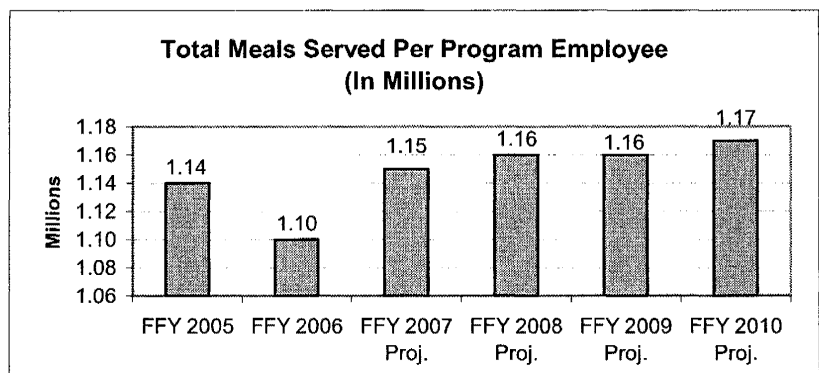
Children age 18 and under, and physically or mentally disabled adults who participate in school-sponsored programs during the school year. Eligible sponsors of the SFSP include public or private schools participating in the National School Lunch Program during the regular school year; units of local, county, municipal, state, or federal government; public or private residential summer camps; colleges or universities participating in the National Youth Sports Program; and private non-profit organizations.

How many people have been served?



Efficiency and Effectiveness Measures:

Percent of Low-Income Students Participating in the National School Lunch Program During the School Year Who Participate in the SFSP				
FFY 2005	FFY 2006	FFY 2007 Proj.	FFY 2008 Proj.	FFY 2009 Proj.
19.93%	20.50%	20.50%	20.80%	21.00%



Division of Community and Public Health - Commodity Supplemental Food Program

What does this appropriation support?

The Commodity Supplemental Food Program (CSFP) improves the nutrient intakes of low-income pregnant and postpartum women, breastfeeding women, infants, children, and elderly adults by providing commodity food packages specially formulated to provide additional sources of iron, calcium, protein, and vitamins A and C. Caseload is limited to the amount assigned by the United States Department of Agriculture.

Where is the program located?

The program is provided in the following counties: Wayne, Bollinger, Ripley, Butler, Stoddard, Dunklin, Cape Girardeau, Mississippi, New Madrid, Pemiscot, Andrew, Dekalb, Buchanan, Platte, Clay, Jackson, Cass, Bates, Henry, Pettis, Morgan, Polk, Linn, Chariton, Monroe, Boone, Phelps, Dent, Texas, Scott, St. Louis, and St. Louis City.

What is the authorization for this program?

State statutes: Section 208.603, RSMo.
Federal law: 7USC Farm Security and Rural Investment Act of 2002.
Federal regulation: 7CFR 247.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$24,250	\$0
FEDERAL	\$417,103	\$594,598	\$758,090	\$724,497
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$417,103	\$594,598	\$782,340	\$724,497

What are the sources of other funds?

Not applicable.

Who is eligible?

Women who are pregnant, breastfeeding, or less than one year postpartum; infants and children up to age six who are at or below 185 percent of the federal poverty level; and adults, age 60 and above who are at or below 130 percent of the federal poverty level.

How many people have been served?

Number of Individuals Served				
FFY 05	FFY 06	FFY 07 Proj.	FFY 08 Proj.	FFY 09 Proj.
120,355	116,759	112,488	115,000	117,500

Efficiency and Effectiveness Measures:

Value of Commodities Distributed Each Calendar Year				
CY 05	CY 06	CY 07 Proj.	CY 08 Proj.	CY 09 Proj.
\$2,159,252	\$2,013,046	\$2,050,000	\$2,070,000	\$2,232,500

Division of Community and Public Health - WIC Breastfeeding Peer Counseling

What does this appropriation support?

The Breastfeeding Peer Counseling Program enables local WIC providers to build upon and expand breastfeeding promotion and support activities in their community. This is accomplished by creating and maintaining a system using peer counselors to provide support, encouragement, and technical assistance to pregnant and breastfeeding women enrolled in the WIC program.

Where is the program located?

Forty-five local WIC agencies received funding in FY 2008 to provide breastfeeding peer counseling services.

What is the authorization for this program?

State statutes: Section 192.005, RSMo.
Federal law: 42 USC 1786 Child Nutrition Act of 1966.
Federal regulation: 7 CFR 246.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$238,688	\$218,127	\$283,600	\$273,328
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$238,688	\$218,127	\$283,600	\$273,328

What are the sources of other funds?

Not applicable.

Who is eligible?

Pregnant and breastfeeding women enrolled in the WIC program in local WIC agencies that offer breastfeeding peer counseling services.

How many people have been served?

	2005	2006	2007	2008 Planned
# Agencies	40	44	49	45
# Peer Counselors	62	60	68	75
# Contacts*	11,449**	31,952	35,460	38,589

* A WIC participant may receive more than one contact depending on need.

**Data was not collected from all peer counselors

Efficiency and Effectiveness Measures:

WIC FOOD FUNDS SAVED WHEN INFANTS ARE EXCLUSIVELY BREASTFED (Average Monthly)				
	FFY 2005	FFY 2006	FFY 2007 Proj.	FFY 2008 Proj.
Infant Food Package Cost	\$109.17	\$112.60	\$115.00	\$118.00
Number of Infants Exclusively Breastfed	1,027	1,032	1,035	1,040
WIC Food Funds Saved	\$112,117.59	\$116,203.20	\$119,025.00	\$122,720.00

Breastfeeding Initiation Rate (%)				
	2005	2006	2007 Proj.	2008 Proj.
Breastfeeding Initiation Rate (%)	51.20%	51.60%	52.00%	53.00%

Division of Community and Public Health - WIC Farmers' Market Nutrition Program

What does this appropriation support?

The WIC Farmers' Market Nutrition Program (FMNP) is designed to increase the consumption of fresh fruits and vegetables by women, infants, and children who participate in the WIC program and are nutritionally at risk and to expand the awareness and use of farmers' markets by consumers. The FMNP provides nutrition education to the WIC participants to encourage them to improve and expand their diets by adding fruits and vegetables.

Where is the program located?

The program operates in three counties: Washington, Jackson, and Oregon.

What is the authorization for this program?

Federal law: 42 USC 1786, Child Nutrition Act of 1966.
Federal regulation: 7 CFR 248.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, the WIC Farmers' Market Nutrition Program requires a 30 percent non-federal match on administrative costs.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$13,942	\$31,137	\$32,100
FEDERAL	\$0	\$31	\$196,237	\$187,928
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$0	\$13,973	\$227,374	\$220,028

What are the sources of other funds?

Not applicable.

Who is eligible?

WIC participants in Jackson, Oregon, and Washington counties.

How many people have been served?

WIC FMNP Participants Served				
FY 2004	FY 2005*	FY 2006*	FY 2007 Proj.	FY 2008 Proj.
33,917	N/A	N/A	9,800	9,800

* In 2005 and 2006 the program was not in operation.

Efficiency and Effectiveness Measures:

Percent of FMNP Checks Issued That Are Redeemed				
FY 2004	FY 2005*	FY 2006*	FY 2007 Proj.	FY 2008 Proj.
45.50%	N/A	N/A	45.50%	50.00%

* In 2005 and 2006 the program was not in operation.

Additional Farmer Income as a Result of Participation in FMNP				
	FY 2004	FY 2005/ 2006*	FY 2007 Proj.	FY 2008 Proj.
Total Sales of Authorized Farmers	\$113,775	N/A	\$110,250	\$121,275
Average Per Farmer	\$2,994	N/A	\$2,005	\$2,205

* In 2005 and 2006 the program was not in operation.

Division of Community and Public Health - Alternatives to Abortion

What does this appropriation support?

The Alternatives to Abortion Services Program provides services or counseling to pregnant women to assist women in carrying their unborn children to term. The program also assists women in caring for their dependent children, for one year after birth, or placing their children up for adoption. Services provided under the alternatives to abortion program include:

- 1) prenatal care;
- 2) medical and mental health care;
- 3) parenting skills education;
- 4) drug and alcohol testing and treatment;
- 5) child care and newborn and infant care;
- 6) housing and utilities;
- 7) educational services;
- 8) food, clothing, and supplies relating to pregnancy, newborn care, and parenting;
- 9) adoption assistance;
- 10) job training and placement;
- 11) establishing and promoting responsible paternity;
- 12) ultrasound services;
- 13) case management;
- 14) domestic abuse protection; and
- 15) transportation.

In addition to direct client services, a public awareness campaign reaches out to pregnant women at risk for having abortions to inform them about the alternatives to abortion services and agencies in their communities. Actual provision and delivery of services and counseling are dependent on client needs and not otherwise prioritized by the agency or agencies administering the program. Services and counseling are available during pregnancy and continuing for one year after birth, and exclude any family planning services.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 188.325 and 188.335, RSMo.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$602,391	\$739,512	\$1,648,527	\$1,699,512
FEDERAL	\$6,946	\$204,919	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$609,337	\$944,431	\$1,648,527	\$1,699,512

What are the sources of other funds?

Not applicable.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Who is eligible?

Pregnant women at or below 200 percent of Federal Poverty Level through age one of the index child.

Efficiency and Effectiveness Measures:

Average Monthly Cost Per Client				
FY 2005	FY 2006	FY 2007	FY 2008 Proj.	FY 2009 Proj.
\$249.69	\$181.05	\$76.24	\$100.00	\$100.00
Note: The cost per client decreases from FY 2005 and FY 2006 levels are due to a fewer number of clients being served in residential care and more clients being served in non-residential care.				

Healthy Birth Outcomes					
	FY 2005	FY 2006	FY 2007 Proj.*	FY 2008 Proj.	FY 2009 Proj.
Healthy Program Births	136	160	328	500	700
Total Program Births	181	200	400	600	800
Percent of Alternatives to Abortion Services Program Healthy Births	75.14%	80.00%	82.00%	83.33%	87.50%
Percent of Healthy Births in Missouri	90.24%	90.31%	90.20%	90.20%	90.20%
Percent of Medicaid Healthy Births	88.79%	89.26%	89.15%	89.20%	89.25%
Note: A healthy birth outcome is defined as a birth within normal weight limits (5.5-9.5 lbs) in which there is an absence of health complications and where there is no medical recommendation for an extended hospitalization.					
*Data available 12/1/08					

Division of Community and Public Health - Health Professionals Incentives

What does this appropriation support?

The aspects of this program are in place to increase the number of primary medical, mental, and dental health practitioners providing essential health care services in Missouri's areas of defined need. Through partnerships with Area Health Education Centers, a system is in place to recruit students from rural and underserved communities to pursue health care careers. Once identified, these students are provided financial incentives (loans through the Primary Care Resource Initiative for Missouri (PRIMO) and Missouri Professional and Practical Nursing Student Loan program (NSL) to attend Missouri educational institutions and in return, to provide health care services in areas of need. These students and other practitioners nationwide can find employment opportunities through the Missouri Health Professional Placement program that matches communities with practice opportunities to clinicians seeking similar opportunities. These services are provided free to communities and clinicians alike. Other clinicians are recruited to practice through the State Loan Repayment Program (SLRP), the Nursing Loan Repayment Program (NLRP), the J-1 Visa Waiver effort, and the National Health Service Corps.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections: 191.411, 191.500, 191.600, and 335.212, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

The State Loan Repayment Program Grant requires a \$1 state to \$1 federal match.

Does this program generate other revenues?

PRIMO and NSL generate revenue if recipients repay their loans monetarily instead of earning forgiveness of their loans. They must repay the principal and interest.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$2,295,000	\$0	\$0
FEDERAL	\$144,066	\$133,000	\$274,446	\$274,446
OTHER	\$2,884,059	\$2,860,040	\$3,216,017	\$3,218,750
TOTAL	\$3,028,125	\$5,288,040	\$3,490,463	\$3,493,196

What are the sources of other funds?

Health Access Incentive (0276); Professional and Practical Nursing Loans (0565); Department of Health - Donated (0646); and Health Professionals Loan and Loan Repayment Program (0598).

Who is eligible?

PRIMO: Specific academic requirements in 19 CSR 10-4.010;

NSL: Specific requirements in 19 CSR 10-6.010;

NLRP: MO licensed professional nurses who meet requirements in 19 CSR 10-6.010;

SLRP: Advanced Practice Nurses, Primary Care Physicians and Dentists who meet requirements in 191.611, RSMo.; and

J-1 Visa: Foreign medical graduates who are in the United States in J-1 Visa status to serve in federally designated health professional shortage areas.

How many people have been served?

PRIMO: The average number of loans per year is 103;

NSL: The average number of loans per year is 67;

NLRP: The annual number of loans varies from a few to as many as 24 depending upon the number of contracts obligated from the previous year;

SLRP: The annual number of loans is usually two to eight depending upon available funding and the number of contracts obligated in the previous year; and

J-1 Visa: Limited to a maximum of 30 per year.

Efficiency Measure:

	PRIMO Professional Retention Rate*			
	FY 2006	FY 2007	FY 2008 Proj.	FY 2009 Proj.
Physicians	75.00%	86.36%	90.00%	95.00%
Dentists**	N/A	N/A	33.33%	33.33%
Dental Hygienists**	N/A	N/A	50.00%	50.00%

*Retention Rate based on number of health professionals who stayed in HPSA's beyond their obligation. **Data not available until FY08 for newly added specialties.

Effectiveness Measure:

Average time required to approve and fund student loan applications (in days)			
	FY 2008	FY 2009	FY 2010
TARGET	30	30	30
NEW	45	40 Proj.	35 Proj.
EXISTING	30	30 Proj.	30 Proj.

Division of Community and Public Health - Office of Minority Health

What does this appropriation support?

The Office of Minority Health develops public health interventions and provides technical support to assist in decreasing the rate of health disparities in minority populations. The office provides technical support for the design of culturally appropriate health messages and educational outreach, convenes specific minority focus groups and conducts surveys, and assists with program implementation for "hard-to-reach" minority populations. The office supports six Regional Minority Health Alliances that serve as a voice of advocacy for the community in identifying and improving the health status of minorities. The office currently has three major health initiatives: obesity prevention, infant mortality reduction, and the emergency response plan for HIV/AIDS in the African-American community. Other key activities include co-sponsoring workshops, professional symposiums, and community health promotion events.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 192.083, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$745,063	\$878,636	\$911,404	\$939,591
FEDERAL	\$45,439	\$18,117	\$438,307	\$263,307
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$790,502	\$896,753	\$1,349,711	\$1,202,898

What are the sources of other funds?

Not applicable.

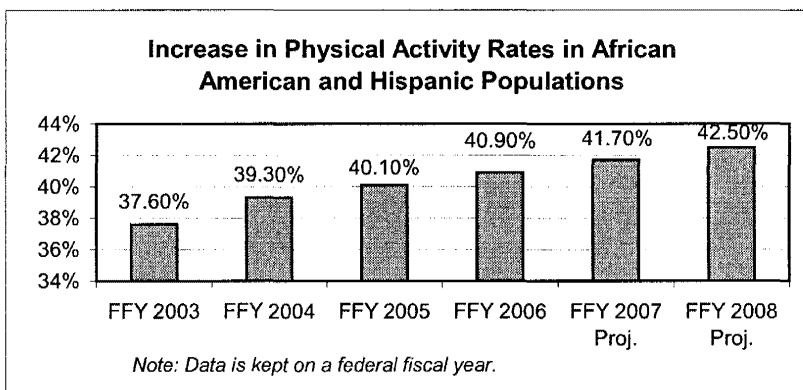
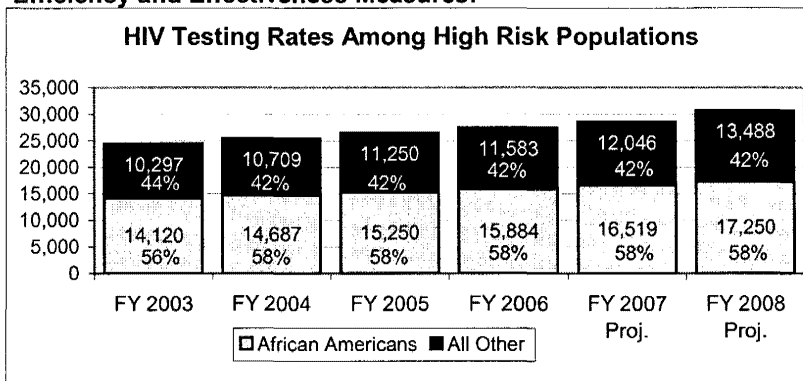
Who is eligible?

All minority persons.

How many people have been served?

The targeted service population for CY 2007 is 906,481.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - African American Infant Mortality Prevention

What does this appropriation support?

Over 80 percent of the African-American live births in Missouri and the highest infant mortality rates in Missouri occur in the St. Louis metropolitan area. Infant mortality rates in African-American communities are tremendously affected by the number of SIDS deaths. In order to make an impact on the infant mortality rate, increased efforts are made to educate health providers and high-risk mothers, civic/social organizations, and other interested parties in the dangers of bed-sharing, sleep positioning, and unhealthy prenatal practices.

Where is the program located?

St. Louis area, in the zip codes with the highest rates of infant mortality including: 63120, 63106, 63113, and 63107.

What is the authorization for this program?

State statutes: Section 192.083, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$1,466	\$2,500	\$15,021	\$15,021
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$1,466	\$2,500	\$15,021	\$15,021

What are the sources of other funds?

Not applicable.

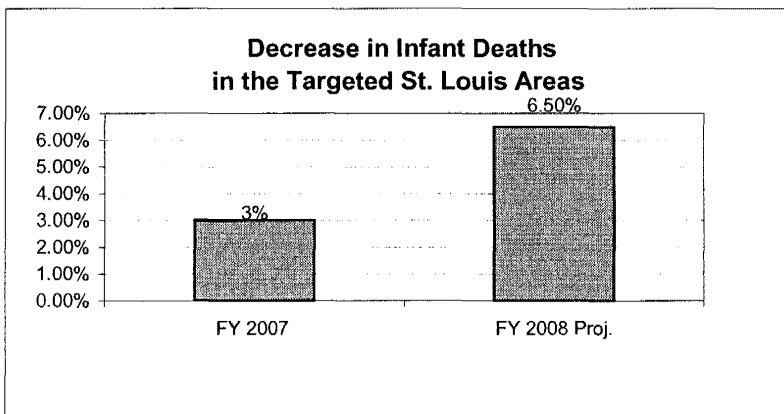
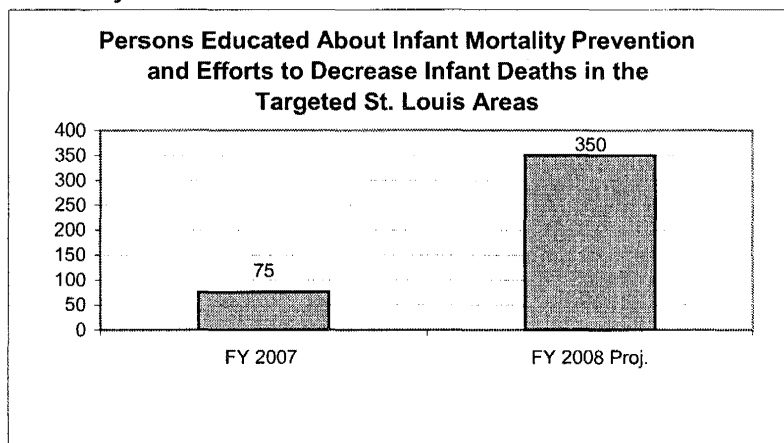
Who is eligible?

Persons in the 63120, 63106, 63113, and 63107 zip code areas.

How many people have been served?

This program has served 75 adolescents and their parents in providing education and prevention in prenatal care.

Efficiency and Effectiveness Measures:



Division of Community and Public Health - Public Health Preparedness

What does this appropriation support?

This funding supports the bulk of the public health preparedness program in the Department of Health and Senior Services. The funds support the Center for Emergency Response and Terrorism (CERT), State Public Health Laboratory, and the Environmental Public Health Response Program. The program includes the Ready-in-3 program which provides preparedness materials for the general public and has targeted materials for childcare, long-term care, hearing disabled and, school aged children. Another outcome is the increased capacity in the public health laboratory and reduced rapid testing time to test for agents that have been identified by the CDC to most likely be used during a terrorist event including anthrax and ricin. CERT houses all planning, training/exercise, and administration staff, which provides 24/7 disease and emergency reporting, technical assistance to local public health agencies, and approximately four million dollars to local entities for public health preparedness.

Where is the program located?

Statewide.

What is the authorization for this program?

Federal law: National Security Act and Pandemic and All-Hazards Preparedness Act of 2006-Public Law 109-417.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No, however it is anticipated that future federal funding will require a match.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec
GR	\$0	\$8,720,728	\$0	\$0
FEDERAL	\$11,264,258	\$16,725,810	\$19,965,766	\$19,513,949
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$11,264,258	\$25,446,538	\$19,965,766	\$19,513,949

What are the sources of other funds?

Not applicable.

Who is eligible?

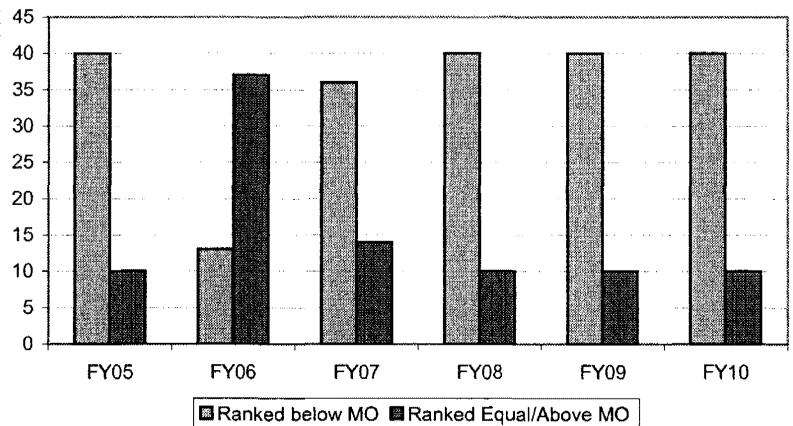
Not applicable.

How many people have been served?

Statewide.

Efficiency and Effectiveness Measures:

Missouri's Ranking - National Report on Emergency Preparedness



2005: Missouri was 1 of 10 states to achieve 7 or more out of 10 criteria.

2006: Missouri was 1 of 37 states to achieve 5 or more out of 8 criteria.

2007: Missouri was 1 of 14 states to achieve 8 or more out of 10 criteria.

2008-2010: Missouri projects to achieve 9 out of 10 criteria and rank in the top 10 states in the nation.

Source: Trust for America's Health Annual Report, "Ready or Not? Protecting the Public's Health from Disease, Disasters and Bioterrorism." State-by-state health preparedness scores are based on key indicators, with changing criteria by year.

Division of Community and Public Health - Hospital Preparedness Program

What does this appropriation support?

The Hospital Preparedness Program (HPP) enhances the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies. Current program priority areas include interoperable communication systems, bed tracking, personnel management, fatality management planning and hospital evacuation planning. During the past five years HPP funds have also improved bed and personnel surge capacity, decontamination capabilities, isolation capacity, pharmaceutical supplies, training, education, drills and exercises. The HPP supports priorities established by the National Preparedness Goal established by the Department of Homeland Security in 2005. The Goal guides entities at all levels of government in the development and maintenance of capabilities to prevent, protect against, respond to, and recover from major events, including Incidents of National Significance.

Where is the program located?

Statewide.

What is the authorization for this program?

Federal law: Pandemic and All-Hazards Preparedness Act of 2006 (Public Law 019-417), Public Health Service Act, National Security Act.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$8,323,778	\$3,080,772	\$3,642,119	\$3,566,855
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$8,323,778	\$3,080,772	\$3,642,119	\$3,566,855

What are the sources of other funds?

Not applicable.

Who is eligible?

Not applicable.

How many people have been served?

Not applicable.

Efficiency and Effectiveness Measures:

Out of 144 participating hospitals, the following are able to:	
Report available beds to the State EOC within 60 minutes of a State request.	77
Demonstrate redundant communications capability during each exercise.	87
Demonstrate the ability to communicate in a two-way fashion, with the incident commander and all tier 2 response partners during each exercise.	94
Actively engage in the integration of their Emergency Operations Plans (EOP) with key response partners to indicate expected roles in a response.	123
Incorporate National Incident Management System (NIMS) compliant principles and policies.	122
Identified a Point of Contact within the facility to be notified of a significant event in the community that may impact hospital operations and have communicated to its key response partners the means by which to reach this point.	116

Governor Recommended New Decision Items:

Not applicable.

Division of Community and Public Health - Strategic National Stockpile

What does this appropriation support?

The Strategic National Stockpile (SNS) Program is supported by federal funds from the Centers for Disease Control and Prevention (CDC). The program's goal is to provide mass prophylaxis to Missouri's population during a public health emergency, such as a terrorist attack or pandemic influenza. This program requires that the state of Missouri have a plan in place to receive the "push package" and distribute the materials to the public through the local public health agencies, which are also required to have plans in place. The appropriation supports an annual full-scale exercise with federal, state, and local partners according to Homeland Security Exercise Evaluation Program guidelines.

Where is the program located?

Statewide.

What is the authorization for this program?

Federal law: National Security Act and Pandemic and All-Hazards Preparedness Act of 2006-Public Law 109-417.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$0	\$0	\$0	\$0
FEDERAL	\$230,113	\$255,299	\$157,332	\$155,751
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$230,113	\$255,299	\$157,332	\$155,751

What are the sources of other funds?

Not applicable.

Who is eligible?

Not applicable.

How many people have been served?

All Missouri citizens.

Efficiency and Effectiveness Measures:

The Missouri Department of Health and Senior Services has an annual evaluation of the SNS Program Planning efforts. The grading scale has been based on "color coding" and MDHSS was colored a Green minus on a Green (BEST RATING); Amber (MID RANGE); and Red (SIGNIFICANT IMPROVEMENT NEEDED). The rating is now based on a scale of 100 and MDHSS has a rating of 85.

Strategic National Stockpile (SNS) Plan Evaluation				
	FY 2007	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
Rating	85%	89%	92%	95%
<i>The rating indicates Missouri's readiness in providing prophylaxis to its citizens during a biological event.</i>				

Division of Community and Public Health - Environmental Public Health Emergency Response

What does this appropriation support?

The Environmental Public Health Emergency Response program oversees the integration of radiological, chemical and environmental public health (food, water, sanitation, mass sheltering, etc.) emergency activities. Staff coordinate with local, state, federal, and private agencies to assure a prompt, efficient, and health protective response to disasters and emergencies impacting the health of Missouri citizens. The program coordinates and assures full agency participation in nuclear power plant emergency drills which are conducted four to eight times per year; has created and delivered Chemical Response Manuals to all counties in the state; and coordinated the environmental health response to numerous natural disasters (i.e. tornadoes, ice storms) over the last year.

Where is the program located?

Statewide.

What is the authorization for this program?

State statute: Sections 192.400 - 192.510, 44.100, 192.011, and 192.020, RSMo.; 19 CSR 20-10.010-10.200, 19 CSR 20-3.015-3.040.

Federal law: Public Health Security and BioTerrorism Preparedness and Response Act of 2002 (Public Law 107-188).

Is this a federally mandated program?

For Nuclear Power Plant incidents, FEMA-REP-1 NUREG 0654 requires that state and local offsite agencies have the plans, procedures, equipment, and personnel in place to demonstrate that they are capable of protecting the health and safety of the public from the effects of ionizing radiation. For public health emergency preparedness, including the areas of environmental health, food and water security, radiological and chemical preparedness, the Public Health Security and BioTerrorism Preparedness and Response Act of 2002 (Public Law 107-188) as enacted in the state through the Centers for Disease Control and Prevention's Public Health Emergency Preparedness Grant requires the state to achieve and maintain capacity and capability for public health emergency response.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$3,365	\$3,959	\$3,832	\$3,950
FEDERAL	\$37,521	\$66,626	\$93,315	\$93,315
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$40,886	\$70,585	\$97,147	\$97,265

What are the sources of other funds?

Not applicable.

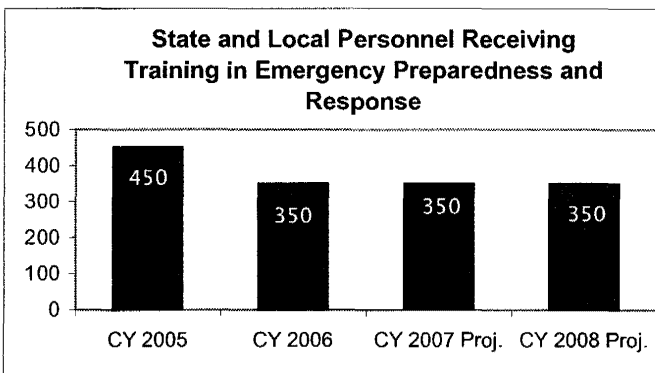
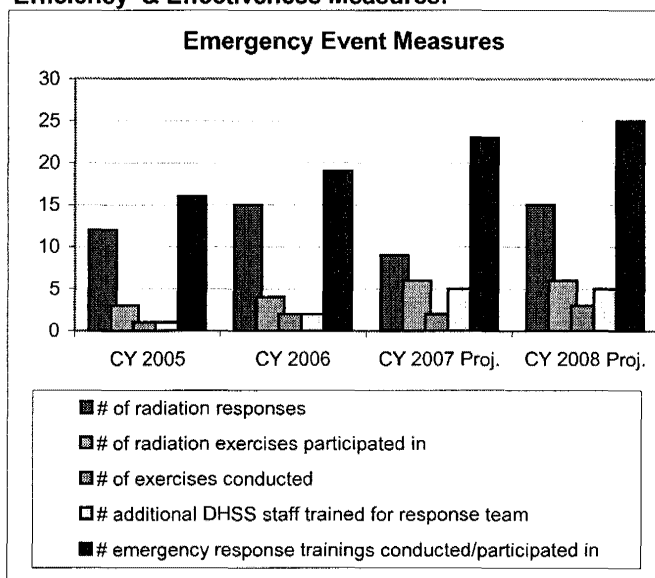
Who is eligible?

Not applicable.

How many people have been served?

Affected Populations	
Callaway Nuclear Exercise	14,000
Cooper Nuclear Exercise	4,000
Nevada Hazmat exercise	8,600
Caruthersville tornado	6,700

Efficiency & Effectiveness Measures:



Division of Community and Public Health - Syndromic Surveillance

What does this appropriation support?

Three syndromic surveillance systems are used to help state and local partners respond to adverse public health events by providing information and tools for early event detection and situational awareness. These public health events include disease outbreaks or injuries and illnesses incurred from natural, accidental, or terrorist events. All three systems use hospitalization data to determine if abnormal increases in pre-determined syndrome groups have occurred in Missouri hospitals and counties. One system, called the Bioterrorism Surveillance (BTS) system, is volunteer-based and predominantly covers small rural hospitals. The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) and BioSense use data collected from over 80 hospitals under the Hospital Electronic Syndromic Surveillance reporting rule, 19 CSR 10-33.040. Program staff analyze data, notify appropriate partners of abnormal syndrome rates, and assist partners in responding to these events. Program staff also provide public health authorities and hospital staff with access to the ESSENCE system along with training, policy guidance, and technical assistance. *Note: A significant amount of funding for these systems is appropriated directly to the Office of Administration, Information Technology Services Division.*

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 192.020 and 192.110, RSMo.; 19 CSR 10-33.040.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Who is eligible?

There are no eligibility requirements for this program.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$37,145	\$58,691	\$61,116	\$63,006
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$37,145	\$58,691	\$61,116	\$63,006

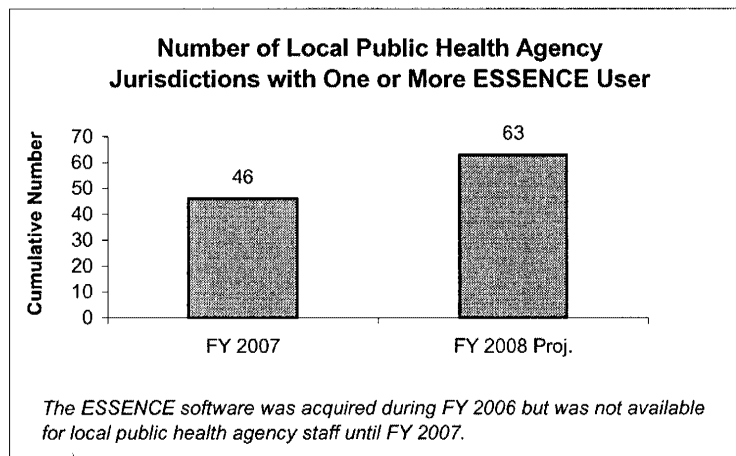
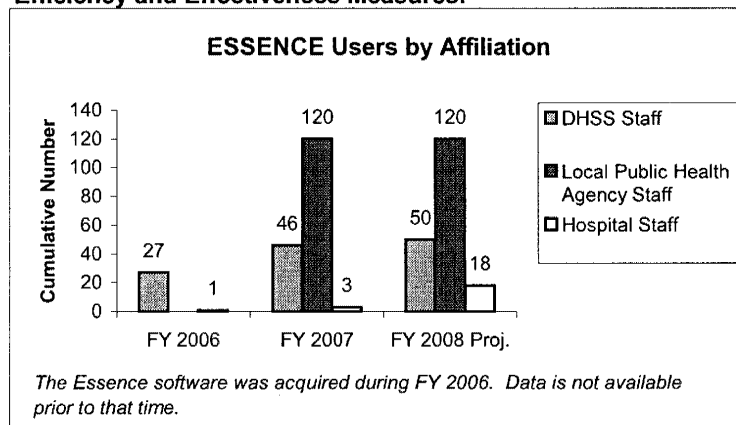
What are the sources of other funds?

Not applicable.

How many people have been served?

Syndromic surveillance is conducted on 30 BTS hospitals and over 80 ESSENCE/BioSense hospitals. The ESSENCE system is a web-based system that displays syndromic surveillance data for authorized state, local, and hospital users to use. Approximately 200 users are currently registered including individuals from over 60 local public health agency jurisdictions (see chart below).

Efficiency and Effectiveness Measures:



State Public Health Laboratory - Administrative Support

What does this appropriation support?

Laboratory administration manages the business functions of and provides administrative support to the State Public Health Laboratory (SPHL). Daily functions include procurement; accounts receivable and payable; review of federal aid applications and memorandums of understanding; expenditure tracking; preparation of operating budget requests; policy review; cost accounting analyses; grants management; fiscal note preparation; tracking, reporting, and analyses of specimen/sample counts; personnel management; Medicaid billing; and order-processing of newborn screening test forms.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 192.050, RSMo.
Federal regulation: 42 USC 263a.

Is this a federally mandated program?

Under the Clinical Laboratory Improvement Amendment (CLIA) as cited in 42 USC 263a, the laboratory must have a certificate issued by the Secretary of Health and Human Services applicable to the category of procedures. Laboratory is defined as a facility for the biological, microbiological, serological, chemical, immuno-hematological, hematological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Who is eligible?

Not applicable.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$233,126	\$225,343	\$384,717	\$392,783
FEDERAL	\$20,317	\$7,603	\$0	\$0
OTHER	\$650,718	\$353,158	\$465,646	\$481,168
TOTAL	\$904,162	\$586,104	\$850,363	\$873,951

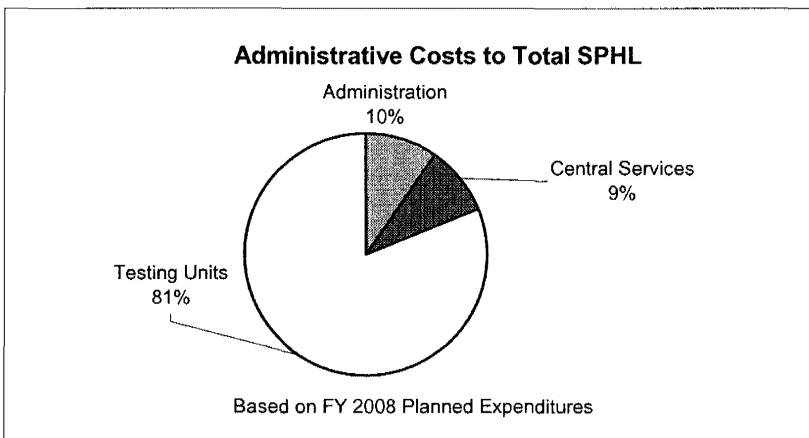
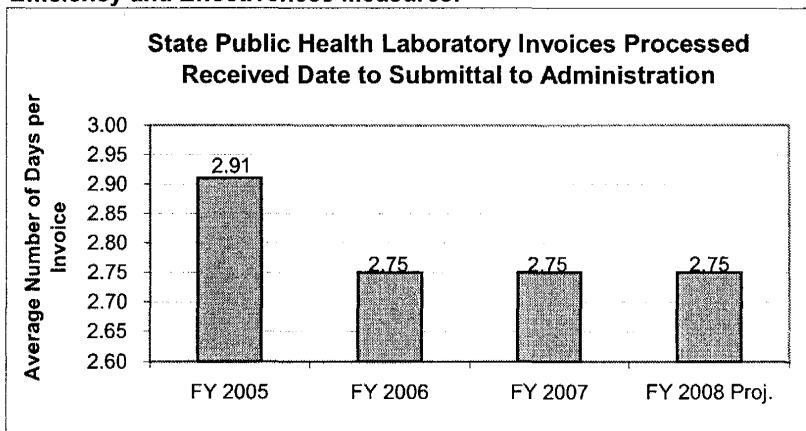
What are the sources of other funds?

Missouri Public Health Services (0298); and
Childhood Lead Testing (0899).

How many people have been served?

Customers served by the Administration Unit of the SPHL include numerous vendors; various staff throughout the SPHL and the department; and local, state, and federal partners.

Efficiency and Effectiveness Measures:



DHSS Budget Book, Administrative Support, Page 354

Department Requested New Decision Items:

Not applicable.

State Public Health Laboratory - Central Services

What does this appropriation support?

The Central Services Unit of the State Public Health Lab (SPHL) manages the basic support functions of the laboratory. This unit assembles, prepares, and ships test kits to hospitals, laboratories, and public health offices; receives and distributes mail, supplies, and equipment; orders, stores, and delivers supplies used in kit preparation, shipping, and testing; arranges for maintenance and certification contracts for general lab equipment, schedules maintenance and keeps a file of maintenance records; monitors and maintains the fixed asset inventory; monitors, manages, and maintains the statewide courier contract for specimen transportation to Jefferson City; sterilizes biological waste, glassware, and instruments; arranges for pickup and disposal of chemical waste generated on site; and keeps hazardous waste documentation and files required forms with regulatory agencies.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 192.050, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$363,283	\$360,968	\$267,315	\$270,765
FEDERAL	\$87,548	\$140,252	\$145,183	\$146,189
OTHER	\$168,493	\$312,664	\$405,976	\$407,264
TOTAL	\$619,324	\$813,883	\$818,474	\$824,218

What are the sources of other funds?

Missouri Public Health Services (0298); and Childhood Lead Testing (0899).

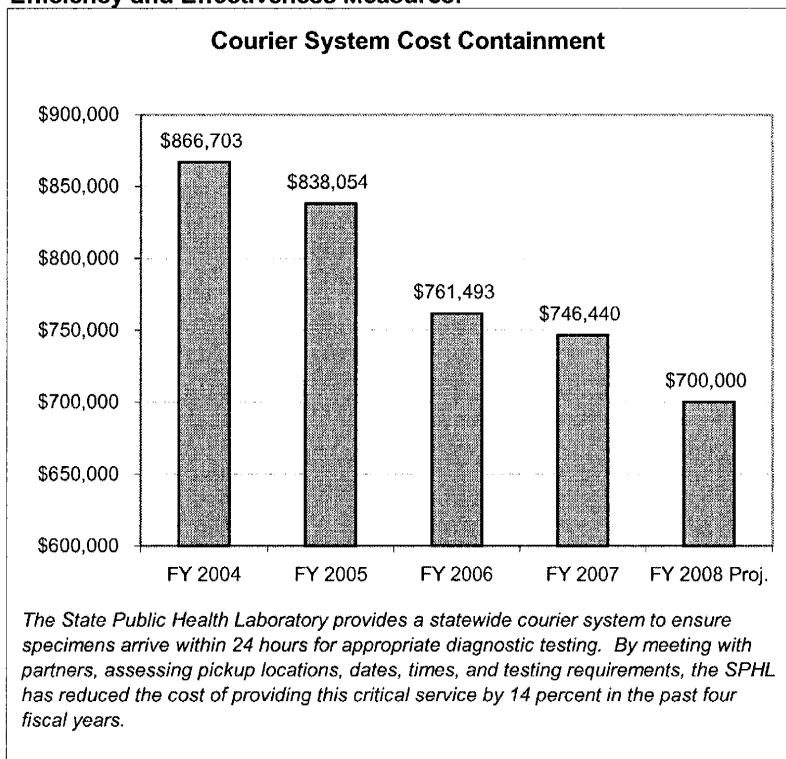
Who is eligible?

Not applicable.

How many people have been served?

This unit directly serves the entire staff of SPHL (115 employees) as well as numerous hospitals, laboratories, public health offices, public water districts, and the general public throughout the state. In FY 2007, the unit assembled and distributed 322,384 test kits on behalf of the SPHL.

Efficiency and Effectiveness Measures:



Department Requested New Decision Items:

Not applicable.

State Public Health Laboratory - Metabolic Diseases

What does this appropriation support?

The Newborn Screening Unit of the State Public Health Laboratory screens all infants born in Missouri during the first week of life for the presence of certain genetic and metabolic disorders. Missouri law mandates infants be screened at the State Public Health Laboratory for the following disorders: primary congenital hypothyroidism, classical galactosemia, hemoglobinopathies, congenital adrenal hyperplasia, amino acid disorders including phenylketonuria, fatty acid disorders, and organic acid disorders. Currently, testing for 27 core disorders is performed, with the 28th expected to begin in calendar year 2008. The results of these laboratory tests provide early detection of these serious conditions that otherwise may not be detected for weeks, months, or years, and lead to interventions that assure healthier outcomes for infants with these conditions. In addition to newborn specimens, adult blood from parents of infants with abnormal hemoglobin results is tested in the unit's hemoglobinopathy laboratory when referred as part of genetic counseling by healthcare providers.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 191.331 and 191.332, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, MoPHS Funds spent on newborn screening will match the MCH Block Grant in the amount of \$1.6 million in the upcoming federal fiscal year.

Does this program generate other revenues?

Yes, state statute authorizes the department to annually determine and impose a reasonable fee for each newborn screening test made in any of its laboratories. The fee is established in rule and is based on historical and projected costs of the SPHL to perform the testing. The revenue is deposited in the Missouri Public Health Services Fund (0298) and is used to support the newborn screening program and activities related to screening, diagnosis, and treatment, including special dietary products of persons with metabolic and genetic diseases; and follow-up activities that ensure diagnostic evaluation, treatment, and management is available and accessible once an at-risk family is identified through initial screening.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$25,283	\$8,226	\$0	\$0
FEDERAL	\$432,408	\$2,054	\$0	\$0
OTHER	\$2,359,003	\$2,527,156	\$3,246,713	\$3,361,177
TOTAL	\$2,816,694	\$2,537,436	\$3,246,713	\$3,361,177

What are the sources of other funds?

Missouri Public Health Services (0298).

Who is eligible?

Every infant born in Missouri.

How many people have been served?

Number of Newborns Screened by the State Public Health Laboratory	
CY 2004	79,251
CY 2005	78,213
CY 2006	80,891
CY 2007	81,242 Proj.

Efficiency and Effectiveness Measures:

One hundred percent of high risk (abnormal) laboratory results are reported to healthcare providers within 12 hours of laboratory detection.

Net Health Care Savings (\$264,443 per case*) of Phenylketonuria and Hypothyroidism Detected and Confirmed			
	CY 2005	CY 2006	CY 2007 Proj.
# of Infants Confirmed	40	42	42
Net Savings	\$10,577,720	\$11,106,606	\$11,106,606

*Net savings information is from US Congress Office of Technology Assessment:

"Newborn Screening for Congenital Disorders," 1988, \$93,000 cost per case detected in 1986 dollars. Cumulative medical cost inflation was derived using the US Government Consumer Price Index, medical cost data, from 1986 through 2006. In 2006 dollars, the net health care savings per case detected is \$264,443.

State Public Health Laboratory - Public Drinking Water

What does this appropriation support?

The Environmental Bacteriology Unit of the State Public Health Laboratory helps to assure the public health of Missourians by ensuring state and federal regulatory requirements for safe water are met. This unit, along with the branch laboratory located in Poplar Bluff, annually tests nearly 65,000 samples from more than 2,000 public water supplies in Missouri (which serve more than 50 percent of the state's population). The bacterial testing performed on all water samples helps to assure water quality.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Chapter 196, RSMo.; and Sections 640.100-640.140, RSMo.

Is this a federally mandated program?

No. However, federal laboratory testing requirements must be met.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Who is eligible?

Any public water supply as designated by the Missouri Department of Natural Resources.

How many people have been served?

The State Public Health Laboratory tested the following number of public drinking water samples:

FY 2004 - 65,781
FY 2005 - 65,500
FY 2006 - 63,615
FY 2007 - 64,335

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$516,333	\$565,033	\$518,246	\$542,882
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$516,333	\$565,033	\$518,246	\$542,882

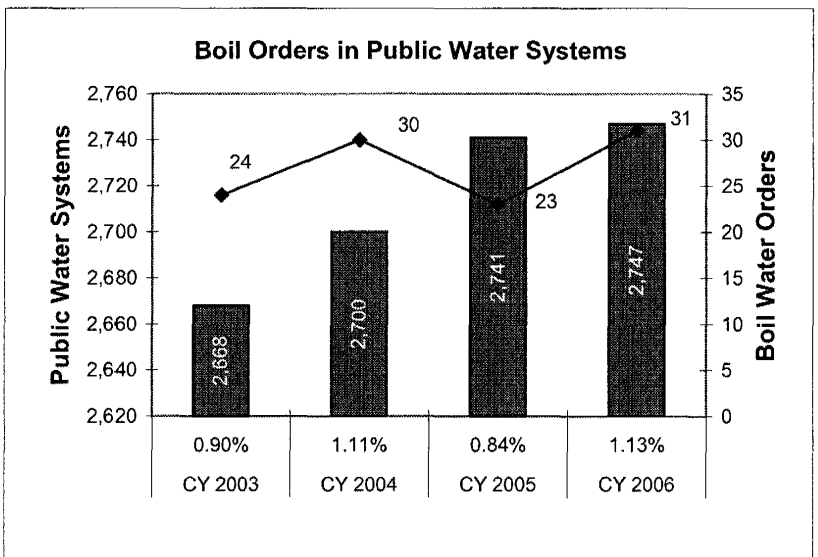
What are the sources of other funds?

Not applicable.

Efficiency and Effectiveness Measures:

Public water samples must be in the incubator and ready for testing within 30 hours of the sample being collected or the sample is rendered unsatisfactory for testing. The courier service provided by the SPHL reduces the time from sample collection to testing over all other sources except those received by walk-ins to the laboratory. This reduces the chance of false positives and costs of re-collection, retesting, and monitoring, which would be incurred at the local and state levels. Started tracking again in August 2007.

Percent of Public Water Samples Received > 30 Hours: Tracked by Sample Delivery Method				
	CY 2005	CY 2006	Aug-Dec 2007	CY 08 Proj.
Courier	1.90%	not tracked	2.40%	2%
By USPS	6.09%		12.40%	7%
FedEx	3.23%		4.80%	3%
UPS	2.29%		5.20%	3%
Walk-In	0.59%		1.00%	1%



State Public Health Laboratory - Public Health Prevention and Control

What does this appropriation support?

For over 100 years, the Missouri State Public Health Laboratory (SPHL) has provided laboratory support in the diagnosis and investigation of health problems and health hazards that threaten public safety. Responsibilities now include specimen analysis and isolation identification, disease control and surveillance, reference and specialized testing, food safety, and emergency/terrorism response. The SPHL possesses the required capabilities to provide specialized testing for tuberculosis, rabies, botulism, various chemical contaminants, and plague, and to identify newly emerging threats such as West Nile Virus and Pandemic Influenza.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 191.653, 192.020, 640.100-640.140, and 701.322, RSMo.; and Chapter 196, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

Yes, fees are assessed for blood lead testing and tuberculosis testing. Medicaid reimbursement is received on Gonorrhea/Chlamydia testing.

Who is eligible?

Individuals involved in outbreak situations or exposed to chemical releases; patrons of STD clinics; and patients hospitalized with reportable infectious diseases.

How many people have been served?

The SPHL conducts over 2.7 million analyses on over 400,000 specimens and samples each year; in essence, the program serves the entire population of Missouri.

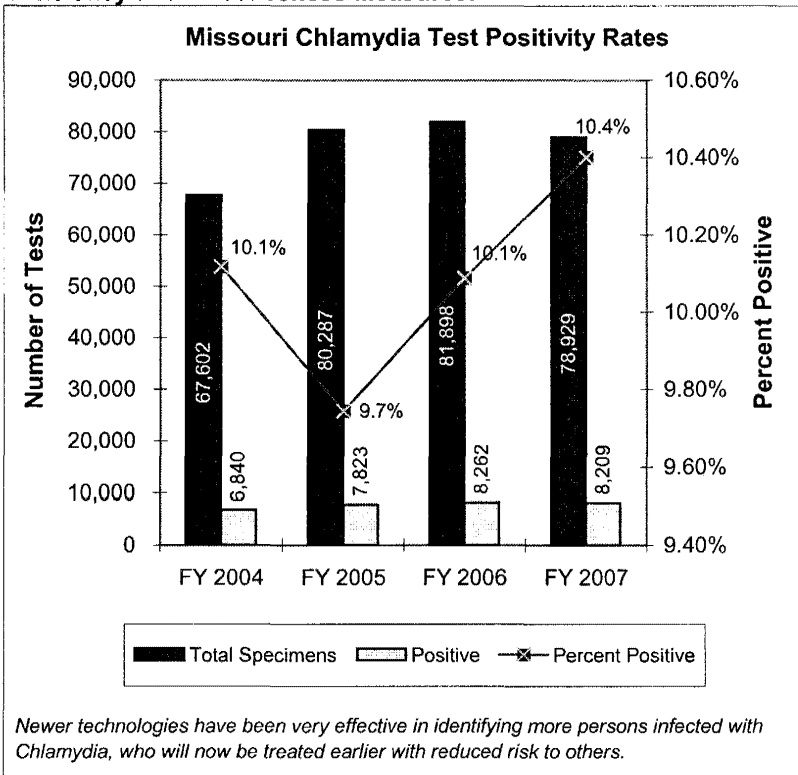
What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$1,512,429	\$1,472,305	\$1,423,436	\$1,538,065
FEDERAL	\$1,461,442	\$1,350,468	\$1,285,141	\$1,637,536
OTHER	\$370,831	\$583,032	\$701,678	\$796,351
TOTAL	\$3,344,702	\$3,405,805	\$3,410,255	\$3,971,952

What are the sources of other funds?

Missouri Public Health Services (0298); and Childhood Lead Testing (0899).

Efficiency and Effectiveness Measures:



Decrease in Number of Missouri Children with Elevated Blood Lead (EBL) Levels Since 2001

Calendar Year	Prevalence of EBL	# of Children with EBL
2001	6%	3,737
2002	5%	3,249
2003	4%	3,082
2004	3%	2,708
2005	2.7%	2,135
2006	2.2%	1,894

Division of Senior and Disability Services - Administration

What does this appropriation support?

The Division of Senior and Disability Services (DSDS) is the designated state unit on aging and takes the lead to plan, coordinate, improve, and administer programs for Missouri's seniors and adults with disabilities age 18-59 in need of protection or long-term care services. DSDS Administration provides management, oversight, and direction for the division programs to ensure the needs of Missouri senior citizens and disabled adults are addressed, particularly where adult protective services and home and community based care is concerned; reviews legislation impacting the division; ensures compliance with federal and state laws and regulations; develops the division budget and tracks expenditures and staffing to assure efficiency and effectiveness of expenditures associated with state and federal grants/appropriations; coordinates policy responses to ensure consistency with division/department policy; and administers a workforce of approximately 480 employees.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Chapters 192, 208, 565, 570, and 660, RSMo.

See specific program summaries for specific federal citations.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$349,430	\$350,671	\$280,565	\$298,115
FEDERAL	\$467,784	\$657,539	\$656,804	\$689,010
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$817,214	\$1,008,210	\$937,369	\$987,125

What are the sources of other funds?

Not applicable.

Who is eligible?

Not applicable.

How many people have been served?

Not applicable.

Does this program generate other revenues?

No.

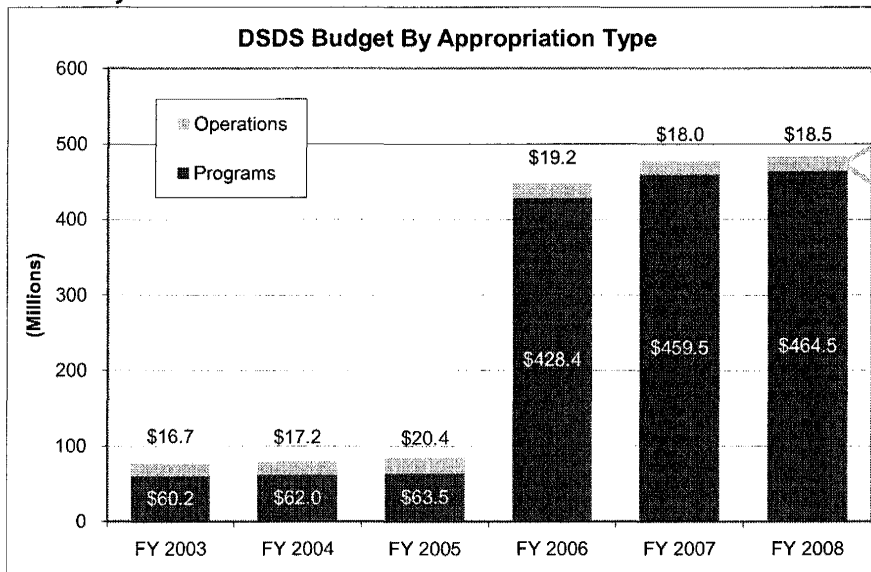
Is this a federally mandated program?

No, however there are federal mandates for specific activities associated with participation in federal funding.

Are there federal matching requirements?

Federal matching requirements for various services/programs are included in their respective program summaries.

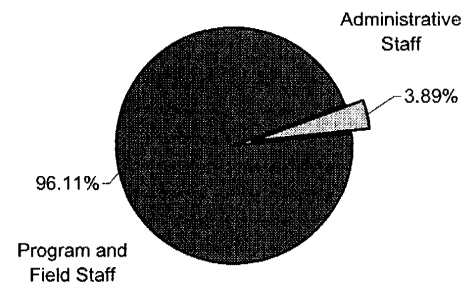
Efficiency and Effectiveness Measures:



DISTRIBUTION OF OPERATIONS FUNDING

Administration - 5.07%
Central Registry Unit - 5.48%
Field Staff - 86.56%
(Adult Protective and Community Services)
Older Americans Act - 2.89%

DSDS Administration FTE as a Percentage of Total Staff



DHSS Budget Book, Senior and Disability Services Administration, Page 380

Governor Recommended New Decision Items:

Not applicable.

Division of Senior and Disability Services - Central Registry Unit (CRU)

What does this appropriation support?

The CRU serves as the main customer service center for the Division of Senior and Disability Services (DSDS), and for compliance/abuse calls regarding patients/residents of facilities/programs licensed by the Division of Regulation and Licensure (DRL) and the Department of Mental Health (DMH). CRU is the point of entry for registering allegations of abuse, neglect, or exploitation of Missouri's elderly or disabled adults, for regulatory violations within nursing or residential care facilities, and alleged mistreatment of vulnerable adults within the DMH system. CRU takes calls seven days a week and forwards information to appropriate entities for investigation, intervention, and/or review. The CRU also functions as an intake point for home and community services referrals; requests for assessment of long-term care eligibility and options for care to prevent premature nursing facility placement; general information and referral about aging network resources; and the information and registration entry point for the Shared Care Program and tax credit.

Where is the program located?

Statewide.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Some activities of the CRU are eligible for MO HealthNet Funding where the matching requirement is 50 percent.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$315,970	\$375,910	\$454,227	\$516,340
FEDERAL	\$292,977	\$343,928	\$393,850	\$407,769
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$608,947	\$719,838	\$848,077	\$924,109

What are the sources of other funds?

Not applicable.

Who is eligible?

Reports of abuse, neglect, and financial exploitation are taken when the alleged victim is over age 60 or is age 18-59 and has a mental or physical disability and is in need of long-term care and/or Adult Protective Services. Any person over age 60 or age 18-59 and disabled who is seeking or has a need may request assistance through the CRU.

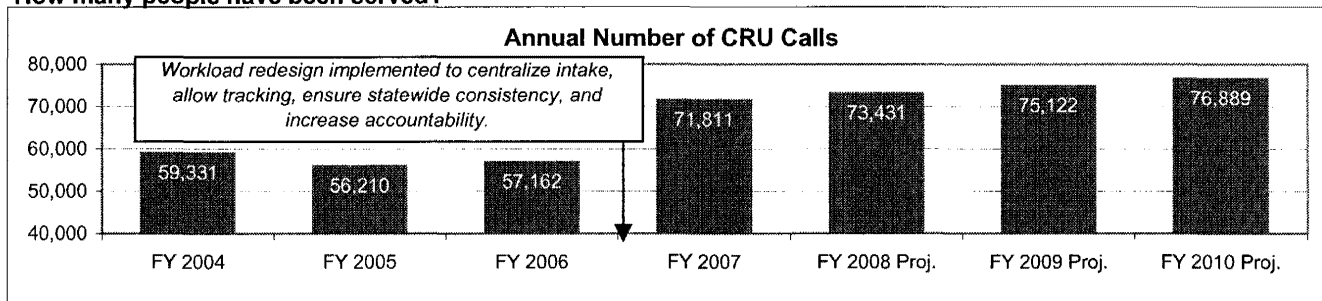
What is the authorization for this program?

State statutes: Chapter 192, Sections 198.032, 198.070, 565.180 - 565.188, 570.145, 660.255, 660.263, and 660.300, RSMo.
Federal law: Title XIX of the Social Security Act; PL89-73 Older Americans Act.

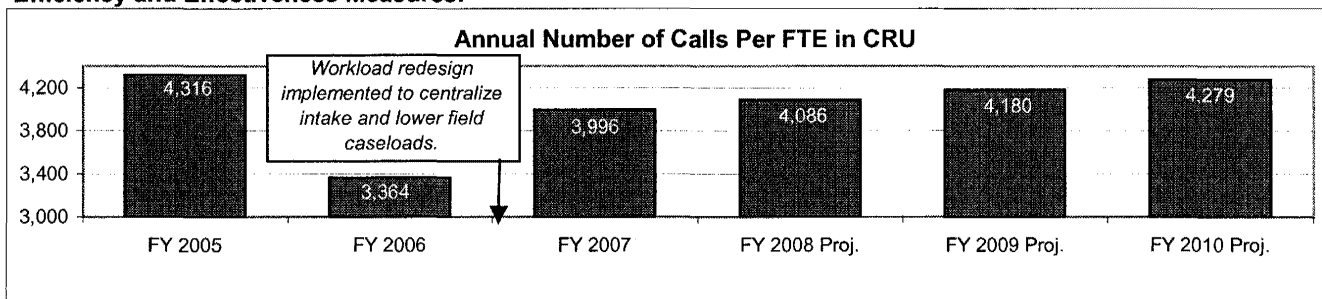
Does this program generate other revenues?

No.

How many people have been served?



Efficiency and Effectiveness Measures:



Governor Recommended New Decision Items:

Not applicable.

Division of Senior and Disability Services - Long-Term Care (LTC) Ombudsman Program

What does this appropriation support?

The Long-Term Care Ombudsman Program advocates for the rights of residents of licensed long-term care (LTC) facilities. The Ombudsman Program receives, investigates, and resolves complaints made by or on behalf of LTC residents. The program maintains a separate toll-free number for accessing ombudsman services by residents and family members. There are four state employees in the ombudsman program, 19 ombudsmen employed or contracted by the Area Agencies on Aging, and 356 ombudsman volunteers in the program. Staff provide educational materials to the public and conduct community presentations on many topics involving LTC residents (i.e., choosing a nursing home, preventing abuse and neglect, starting a resident or family council, etc.). State staff monitor regional programs, which are part of the Area Agencies on Aging network of services. State staff also recruit and train ombudsman volunteers on problem resolution techniques, aiding in the resolution of an average of 5,000 complaints each year.

What is the authorization for this program?

State statutes: Section 660.600-608, RSMo.
Federal law: Older Americans Act (OAA),
Administration on Aging (Department of Health and Human Services).
Federal regulation: 42 U.S.C. Sec. 305.8g.

Is this a federally mandated program?

No, however, states receiving Older Americans Act funding are mandated to have a long-term care ombudsman serving residents statewide.

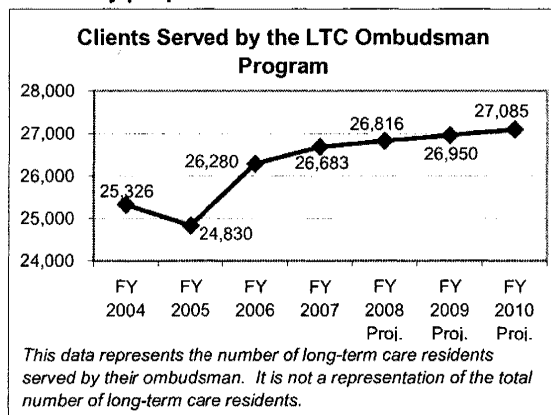
Are there federal matching requirements?

Yes. Federal Title XIX funds used for MO HealthNet clients require a state match of 50 percent. OAA funds require maintenance of effort.

Does this program generate other revenues?

No.

How many people have been served?



What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$27,516	\$28,774	\$22,198	\$25,177
FEDERAL	\$211,547	\$190,166	\$214,922	\$215,832
OTHER	\$11,859	\$19,860	\$39,860	\$20,000
TOTAL	\$250,922	\$238,800	\$276,980	\$261,009

This program was transferred to DSDS from DRL in the FY 2009 Budget.

What are the sources of other funds?

Nursing Facility Quality of Care Fund (0271).

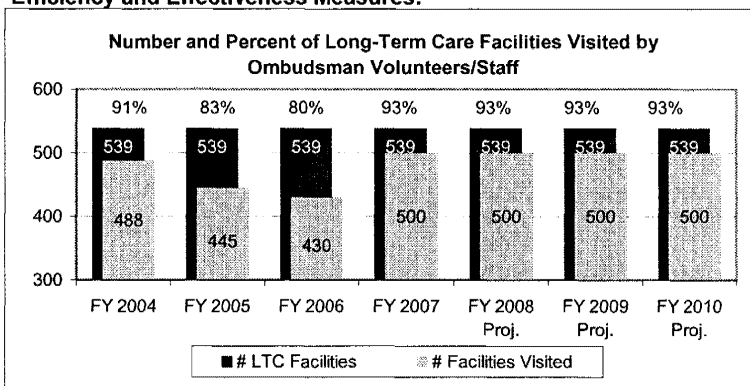
Who is eligible?

Residents of long-term care and assisted living facilities within the state.

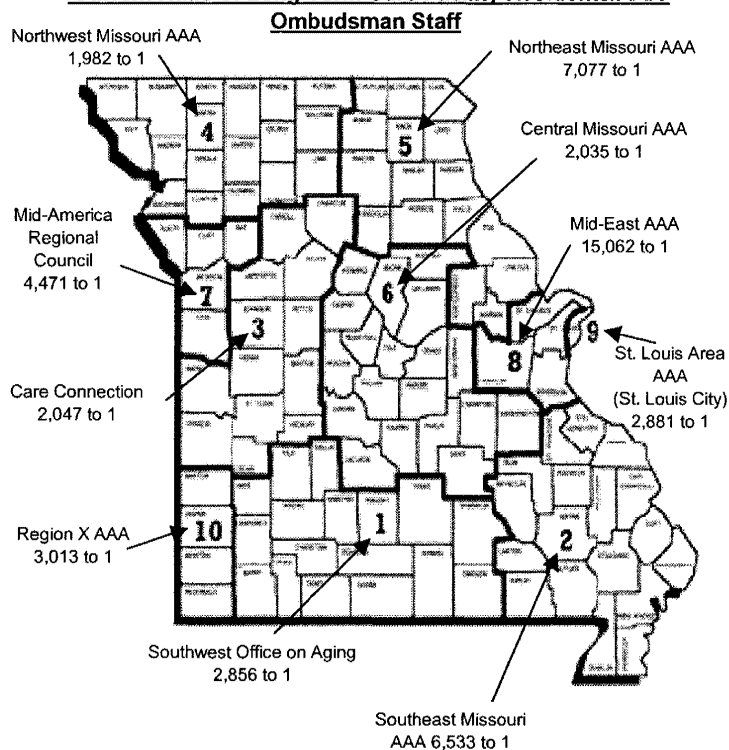
Where is the program located?

Statewide.

Efficiency and Effectiveness Measures:



Current Ratio of Long-Term Care Facility Residents/AAA



Division of Senior and Disability Services - Adult Protective and Community Services (APCS)

What does this appropriation support?

Staff investigate allegations of abuse, neglect, and financial exploitation of eligible adults; assist individuals considering long term care, and determine eligibility and preference for home and community based (HCB) services as an alternative to facility placement; authorize HCB services for eligible adults, primarily MO HealthNet participants; provide care plan management; conduct quality assurance reviews of contractors of HCB services to ensure care is being delivered in compliance with state and federal rules/regulations and department participation agreements; interpret state and federal laws, rules, and regulations; and implement policies as they apply to home and community and adult protective services.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 208.900 to 208.930, 660.050, 660.250 to 660.321, 565.180 to 565.188, and 570.145, RSMo.
Federal law: Title XIX and Title XX of the Social Security Act and PL 89-73 Older Americans Act.

Is this a federally mandated program?

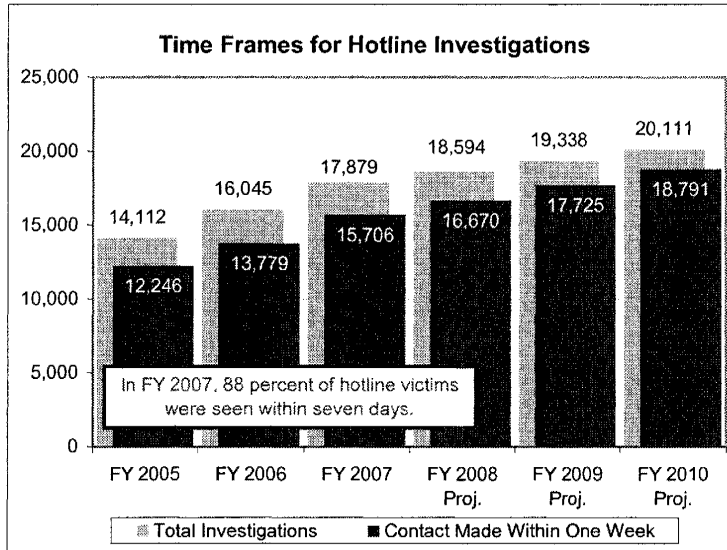
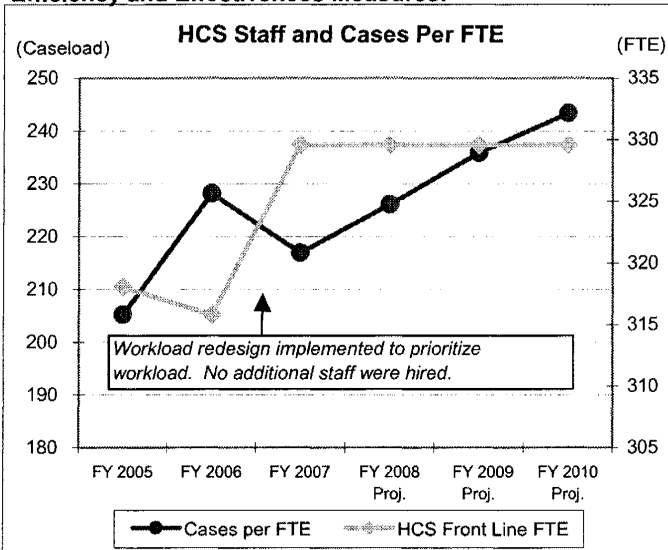
No, however, states receiving federal match have responsibilities required through Title XIX and Title XX of the Social Security Act and PL 89-73 Older Americans Act.

How many people have been served?

	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
HCB participants (IHS Clients and CDS Consumers)*	49,419	55,233	51,572	53,373	55,285	57,316
Non-Regulatory Hotline Calls	15,834	16,815	19,918	21,152	22,462	22,911

*In-Home Services - IHS, Consumer Directed Services - CDS

Efficiency and Effectiveness Measures:



What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	6,497,318	\$6,906,453	\$7,600,911	\$7,639,069
FEDERAL	7,650,060	\$7,460,423	\$8,516,181	\$8,518,575
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$14,147,378	\$14,366,876	\$16,117,092	\$16,157,644

What are the sources of other funds?

Not applicable.

Who is eligible?

Not applicable.

Are there federal matching requirements?

Yes, this program includes responsibility for oversight of the Medicaid State Plan for Personal Care, the Aged and Disabled Waiver, and the Independent Living Waiver. State funds receive a 50 percent federal match when staff activities deal with HCB services or adult protective services for seniors and adults with disabilities who are MO HealthNet participants.

Does this program generate other revenues?

No.

Division of Senior and Disability Services - Non-MO HealthNet (Medicaid) Eligible Program (NME)

What does this appropriation support?

Consumer Directed Services are available to individuals who are not eligible for MO HealthNet funded services because their income and/or assets exceed the maximum allowable to access state funding. Participants direct their own care to meet personal care needs. Participation is statutorily capped and no new consumers may be enrolled. It was transferred to DHSS by Executive Order 05-10 (2005) and modified by SB 74 and 49 (2005); SB 1084 (2006); and SB 577 (2007).

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 208.930, RSMo.

Does this program generate other revenues?

No, however, there is a method to collect premiums.

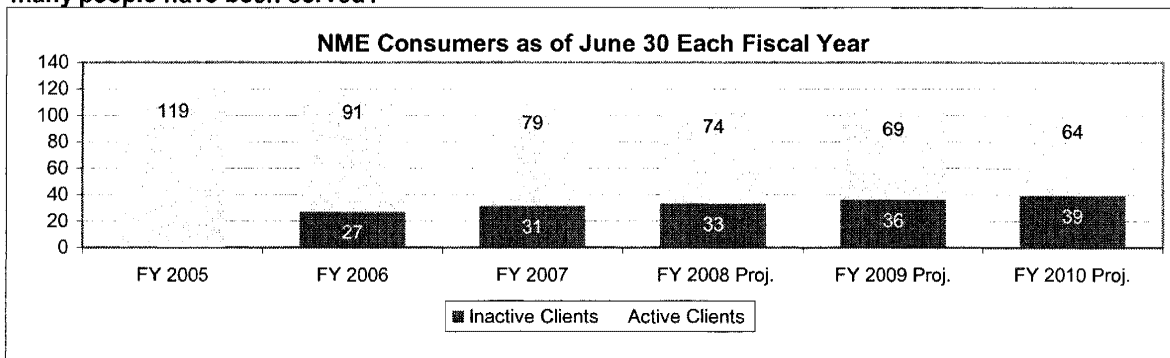
Is this a federally mandated program?

No.

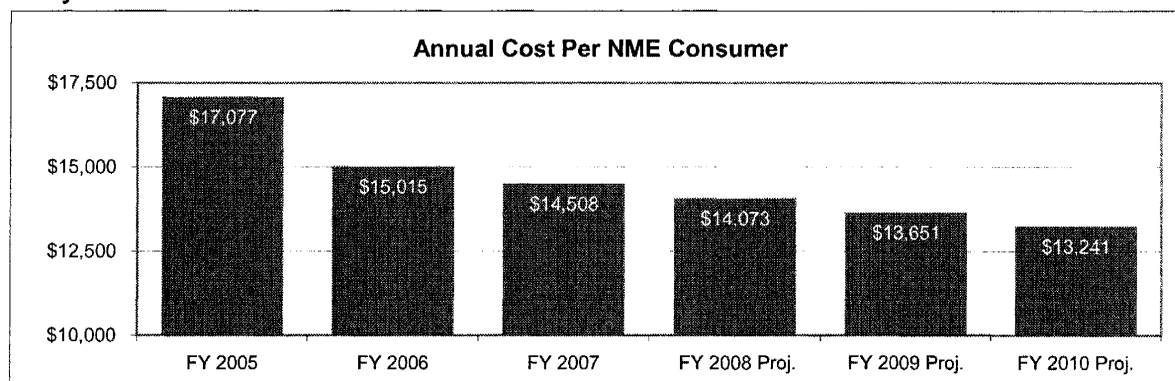
Are there federal matching requirements?

No.

How many people have been served?



Efficiency and Effectiveness Measures:



What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$1,543,669	\$1,163,366	\$1,041,402	\$2,328,296
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$1,543,669	\$1,163,366	\$1,041,402	\$2,328,296

What are the sources of other funds?

Not applicable.

Who is eligible?

There are 119 consumer-specific slots available under this program. Only the original consumers may access services through this funding. In order to qualify, individuals must make application, demonstrate financial need and eligibility under Section 208.930.3, RSMo., meet all criteria set forth in Sections 208.900-208.927, RSMo., have been found by the Department of Social Services to not be eligible under MO HealthNet requirements, and not have access to affordable health care coverage for personal care assistance. Each of the original consumers may make application annually to have their benefits reinstated.

Division of Senior and Disability Services - State-Funded Home and Community Based (HCB) Services

What does this appropriation support?

This program provides Home and Community Based Services for non-MO HealthNet eligible adults who receive long-term care in the community. Services within this program are available to seniors and adults with disabilities who are victims of abuse, neglect, or exploitation; considering long-term care; need help to stay at home or in the community; and/or need assistance in accessing care or services necessary to maintain independence and dignity. State funded services utilize general revenue and Social Services Block Grant (SSBG) funds, and are used to pay for DHSS state-only clients and MO HealthNet clients that are authorized for reimbursement using state funds during periods of MO HealthNet ineligibility, generally due to spend down. Enrollment in the state funded programs is currently limited to active clients or to provide services based on a hardship or on a temporary basis.

Where is the program located?

Statewide, for current enrollees only.

What is the authorization for this program?

Not applicable.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$7,946,741	\$10,104,812	\$8,139,531	\$8,391,269
FEDERAL	\$1,518,891	\$919,757	\$1,667,028	\$1,667,028
OTHER	\$0	\$1,599	\$0	\$0
TOTAL	\$9,465,633	\$11,026,168	\$9,806,559	\$10,058,297

What are the sources of other funds?

Division of Aging Donations (0168); the fund balance was expended in FY 2007 and the appropriation was eliminated in FY 2008.

Who is eligible?

Persons 60 years of age or older and adults with disabilities who are age 18 to 59 who are eligible for long-term care benefits and who meet specific guidelines concerning economic, social, and care needs. Only adults who are currently authorized, in need of temporary assistance, or experiencing a hardship are authorized for reimbursement using these funds.

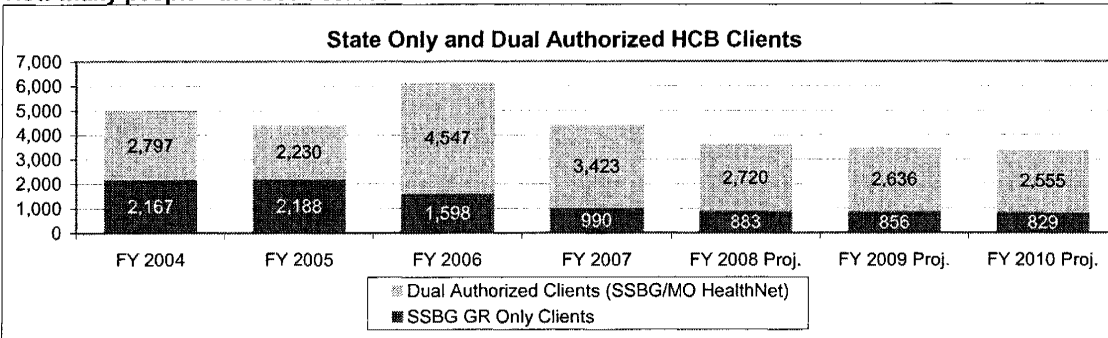
Is this a federally mandated program?

No.

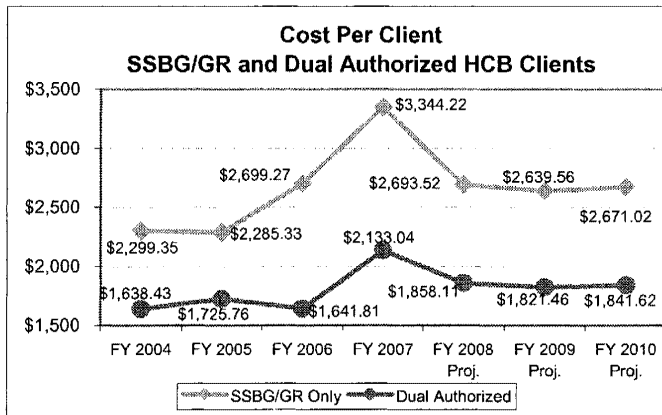
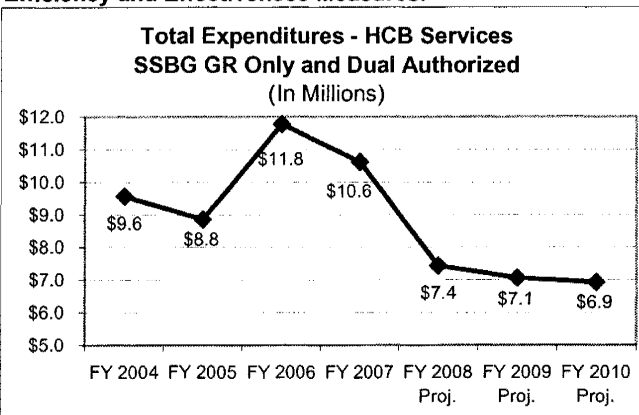
Are there federal matching requirements?

No.

How many people have been served?



Efficiency and Effectiveness Measures:



Division of Senior and Disability Services - MO HealthNet Home and Community Based (HCB) Services

What does this appropriation support?

Home and Community Based (HCB) Services (in-home and consumer-directed services) are authorized for MO HealthNet participants who are eligible seniors or adults with disabilities who are considering long-term care; need help to stay at home or in the community; and/or need assistance in accessing care or services necessary to maintain independence and dignity in their homes and communities. Funding also includes payment for services provided through the AIDS Waiver, Physical Disability Waiver, and Healthy Children and Youth (HCY) program, managed by the Division of Community and Public Health.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 208.900 to 208.930, 660.050, 660.250 to 660.321, 565.180 to 565.188, and 570.145, RSMo.

Federal law: Title XIX and Title XX of the Social Security Act and PL 89-73 Older Americans Act.

Is this a federally mandated program?

No. Home and Community-Based (HCB) Services are optional under the MO HealthNet State Plan. Because Missouri has opted to offer these services, oversight of federal funding is required for use of Title XIX and Title XX of the Social Security Act funds. Oversight of MO HealthNet HCB Waiver Services is required by the Centers for Medicare and Medicaid.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$136,819,629	\$143,045,586	\$150,518,021	\$162,461,593
FEDERAL	\$221,150,282	\$230,297,556	\$248,015,647	\$276,623,794
OTHER	\$154,526	\$0	\$0	\$0
TOTAL	\$358,124,437	\$373,343,142	\$398,533,668	\$439,085,387

What are the sources of other funds?

FY 2006 includes the Division of Aging Donated Funds. As this authority was largely empty, the appropriation was cut in FY 2008.

Who is eligible?

MO HealthNet participants who have been determined eligible for long-term care and who choose Home and Community Based care as an alternative to placement in a long-term care facility (must meet the level of care requirements for MO HealthNet reimbursement).

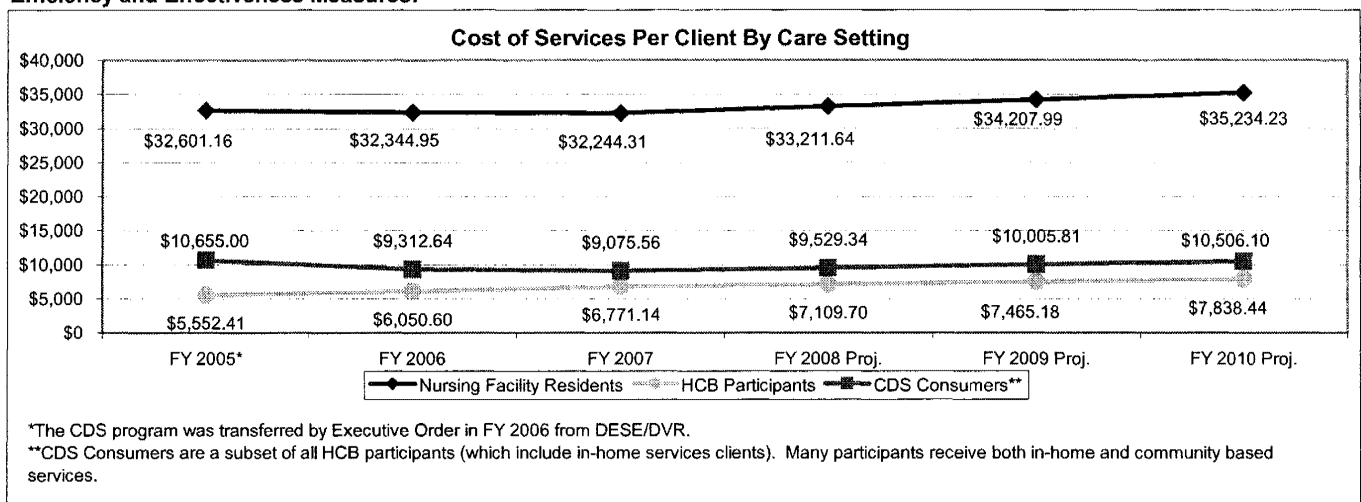
How many people have been served?

MO HealthNet Clients				
FY 2006	FY 2007	FY 2008 Proj.	FY 2008 Proj.	FY 2010 Proj.
43,237	40,455	41,398	42,649	43,985

Are there federal matching requirements?

Yes, HCB services provided under State Plan Personal Care, the Aged and Disabled Waiver, the Independent Living Waiver, the AIDS Waiver, and Healthy Children and Youth (HCY) are matched by general revenue. The standard Federal Medical Assistance Percentage (FMAP) rate is used to match state general revenue funding for activities related to home and community based care for eligible participants.

Efficiency and Effectiveness Measures:



DHSS Budget Book, Home and Community Based Services (HCB), Page 402

Governor Recommended New Decision Items:

Federal Medical Assistance Percentage (FMAP) Adjustment, Page 405

MO HealthNet Services Cost-to-Continue, Page 409

Mo HealthNet Home and Community Based Services Rate Increase, Page 414

Division of Senior and Disability Services - Alzheimer's Services

What does this appropriation support?

Services provided through the Alzheimer's Service Program are administered by the state in partnership with the Alzheimer's Association and are available to persons statewide. The program, which facilitates access to care options in an effort to decrease premature institutionalization of Alzheimer's victims and to decrease caregiver stress, includes peer to peer counseling, caregiver respite, and projects to prevent wandering of Alzheimer's victims. It is estimated that 110,000 of the approximately 750,000 Missouri citizens over the age of 65 suffer from Alzheimer's Disease.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 660.067 - 660.070, RSMo.
Federal law: Public Health Services Act, P.L. 78-410, Section 398, as amended in P.L. 101-555 and P.L. 105-392.

Federal regulation: 42 U.S.C. 280c-3.

Is this a federally mandated program?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006* Actual	FY 2007* Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	N/A	N/A	\$523,377	\$539,564
FEDERAL	N/A	N/A	\$325,000	\$325,000
OTHER	N/A	N/A	\$0	\$0
TOTAL	\$0	\$0	\$848,377	\$864,564

*The FY 2006, and FY 2007 actual expenditures for Home and Community Based Services Grant funding that is distributed to the Alzheimer's Association are shown on the Older Americans Act program summary.

What are the sources of other funds?

Not applicable.

Who is eligible?

Missouri citizens suspected to have Alzheimer's Disease. An estimated 110,000 Missourians are believed to have Alzheimer's related dementia.

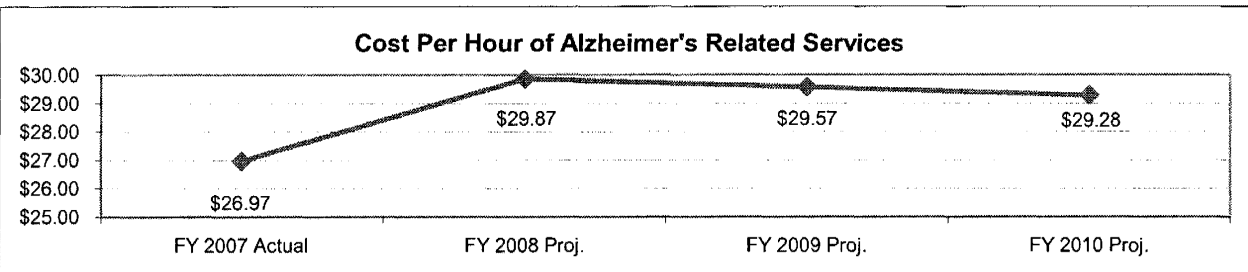
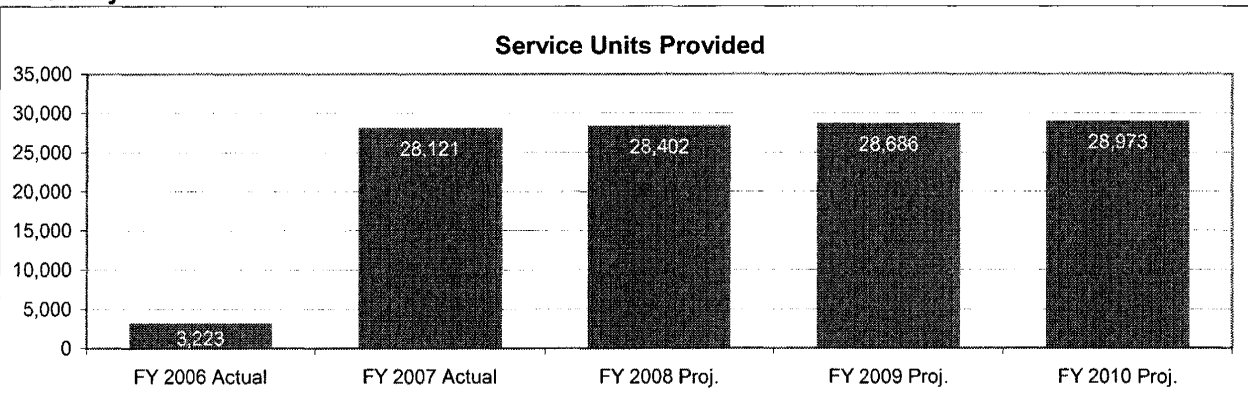
How many people have been served?

FY 2006	1,083
FY 2007	12,034

Are there federal matching requirements?

General revenue is required as a match for the Administration on Aging Federal Grant.

Efficiency and Effectiveness Measures:



DHSS Budget Book, Alzheimer's Service, Page 425

Governor Recommended New Decision Items:

Not applicable.

Division of Senior and Disability Services - Older Americans Act Programs

What does this appropriation support?

Services funded pursuant to the Older Americans Act (OAA) are administered by the ten Area Agencies on Aging (AAAs) and available to seniors statewide. OAA funds are received by the state from the Administration on Aging for distribution in accordance with an approved formula to the AAAs. The AAAs contract for or directly provide supportive services (including transportation), nutrition services (including congregate meals and home delivered meals), family caregiver support (including respite and counseling services), ombudsman services, and legal services. General revenue (GR) funds are used as the required federal match for OAA distribution. Additionally, GR is used to match federal funding for MO HealthNet home delivered meals. Funding also includes distributions from the Elderly Home Delivered Meals Trust Fund and Social Services Block Grant. Title V funds are distributed under state contract for administration of the Older Workers Employment Program through competitive bid process.

What is the authorization for this program?

State statutes: Chapter 192, Sections 660.050, 660.057, and 660.250, RSMo.
Federal law: Title XIX and Title XX of the Social Security Act and PL 89-73 Older Americans Act.

Does this program generate other revenues?

No

How many people have been served?

	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
Congregate Nutrition	99,124	99,538	88,006	88,886	89,775	90,673
Home Delivered Meals	37,301	38,072	37,834	38,212	38,594	38,980
Transportation	24,734	23,710	24,406	24,650	25,627	26,910
Homemaker	2,160	2,045	2,224	2,246	2,467	2,737
Personal Care	483	462	500	505	552	609
Respite Care	201	210	241	243	282	330
Adult Day Care	96	88	97	98	109	123
All Other Supportive Services	36,232	38,559	24,301	24,544	15,623	10,044
Legal Services	2,336	2,299	2,242	2,264	2,230	2,219
Ombudsman	24,830	26,280	26,456	26,721	27,169	27,900
Older Workers Employment Program	374	489	476	481	473	469
Health Promotion *	64,179	61,913	37,801	38,179	38,561	39,336
Information About Services	7,959	7,382	3,545	3,580	3,616	3,652
Assistance with Access	20,724	31,343	22,952	23,182	23,413	23,647
Counseling, Support Groups	1,274	987	345	348	352	355
Respite Care	1,041	1,214	969	979	988	998
Supplemental Services	1,422	1,462	1,190	1,202	1,214	1,226
Grandparent Services	54	98	106	107	117	129

* Several AAA regions cut Health Promotion services during SFY 2007 based upon projected cuts in the Federal budget, resulting in the dramatic decrease in persons served for 2007. Although funding for Health Promotion will remain stable in the Federal budget for FFY 2008, future projections are based on the services delivered in SFY 2007.

Efficiency and Effectiveness Measures:

Meals Served (In Millions)	FY 2005	FY 2006	FY 2007	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
Home Delivered Meals	5.52	5.11	5.22	5.27	5.32	5.37
Congregate Meals	3.11	3.02	2.84	2.87	2.90	2.93
Total Meals	8.63	8.12	8.06	8.14	8.22	8.30

DHSS Budget Book, Older Americans Act Programs, Page 434

Governor Recommended New Decision Items:

AAAs, Page 438

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$11,656,000	\$13,301,090	\$12,677,559	\$13,180,546
FEDERAL	\$31,844,825	\$33,906,095	\$37,007,437	\$31,951,563
OTHER	\$67,010	\$64,419	\$200,000	\$200,000
TOTAL	\$43,567,835	\$47,271,604	\$49,884,996	\$45,332,109

Is this a federally mandated program?

No. However, state oversight is mandated for states accepting OAA funds.

What are the sources of other funds?

Elderly Home Delivered Meals Trust (0296)

Who is eligible?

Missouri seniors, caregivers of seniors, some grandparent caregivers, and specified adults with disabilities.

Where is the program located?

Statewide. Services are administered by ten AAAs through state designation as planning and service areas based on geographic areas.

Are there federal matching requirements?

Yes. Title III administration costs require a 25 percent match; some program service costs require a 15 percent match of which 5 percent must be state match and some service costs require no match; Title V requires a 10 percent match.

Division of Senior and Disability Services - Naturally Occurring Retirement Communities (NORC)

What does this appropriation support?

Services provided through the Naturally Occurring Retirement Communities (NORC) Program are administered by the Jewish Federation of St. Louis and are available to seniors residing in the designated geographic area established under a federal grant. This program supports the healthy aging of older adults in their own homes by enabling community involvement and providing increased access to support services. The grantee also receives funding directly from the U.S. Administration on Aging for this project.

Who is eligible?

Seniors residing in the designated geographic area which was determined using census data to identify specific census tracts covering approximately one square mile in Creve Coeur, St. Louis County.

Where is the program located?

Creve Coeur, St. Louis County.

What is the authorization for this program?

Federal law: Title IV, Section 422, Older Americans Act of 1965 (Rev. 2006).

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$150,000	\$150,000	\$145,500	150,000
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$150,000	\$150,000	\$145,500	\$150,000

What are the sources of other funds?

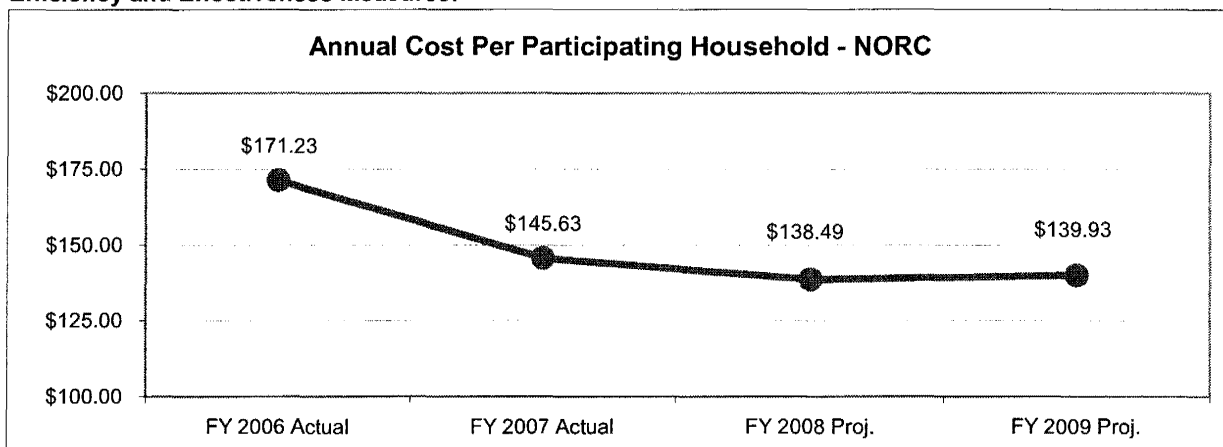
Not applicable.

How many people have been served?

Household Participation				
	FY 2006 Actual	FY 2007 Actual	FY 2008 Proj.	FY 2009 Proj.
Participating	876	1,030	1,051	1,072
Non-Participating	609	455	434	413

Persons Served				
	FY 2006 Actual	FY 2007 Actual	FY 2008 Proj.	FY 2009 Proj.
Health and Wellness	1,085	3,196	3,260	3,325
Education	793	1,161	1,184	1,208
Social	816	1,063	1,084	1,106
Cultural	468	814	830	847
Resident Councils	520	520	530	541
Volunteer	222	348	355	362
Nutrition	346	346	353	360
Counseling	196	158	161	164
Recreation	56	122	124	126
Entertainment	112	113	115	117
Home Modifications	61	81	83	85
Shopping	77	77	79	81
Intergenerational	18	18	18	18
Drop-In	7	7	7	7

Efficiency and Effectiveness Measures:



DHSS Budget Book, NORC (Naturally Occurring Retirement Communities), Page 454

Governor Recommended New Decision Items:

Not applicable.

Division of Regulation and Licensure - Administration

What does this appropriation support?

The Division Director's Office (DDO) provides administrative support to the various programs in the Division of Regulation and Licensure. The DDO includes the division director, deputy division director, and support staff, including the Financial Support Services Unit and the Hearings Unit. The DDO provides leadership and management to ensure that the various programs in the division follow their state and federal statutory and regulatory requirements; reviews legislative proposals; prepares fiscal notes and bill reviews regarding new legislation; develops the division's budget in coordination with other department staff; coordinates the execution of the budget; conducts hearings related to employment disqualifications, discharge of residents, emergency medical services and child care licensure issues, and informal dispute resolutions involving long-term care facilities; and administers a workforce of over 500 employees.

Where is the program located?

All administrative employees in the DDO are located in Jefferson City, Missouri.

What is the authorization for this program?

State statutes: Chapters 190, 198, 210, 621, RSMo. (related to hearings).

Federal regulation: Title 42 CFR 493.12 (informal dispute resolution) and Title 42 CFR 488.331 (resident discharge or transfer).

Is this a federally mandated program?

There is a federal mandate to provide an informal dispute resolution process for long-term care facilities and an appeal process for resident discharges/transfers.

Are there federal matching requirements?

Yes, the Hearing Unit's activities related to Medicaid certified facilities require a 25 percent state match.

Does this program generate other revenues?

No.

DHSS Budget Book, Regulation and Licensure Administration, page 473

Governor Recommended New Decision Items:

Not applicable.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$318,352	\$435,884	\$392,129	\$374,257
FEDERAL	\$368,522	\$331,897	\$347,362	\$347,362
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$686,874	\$767,781	\$739,491	\$721,619

What are the sources of other funds?

Not applicable.

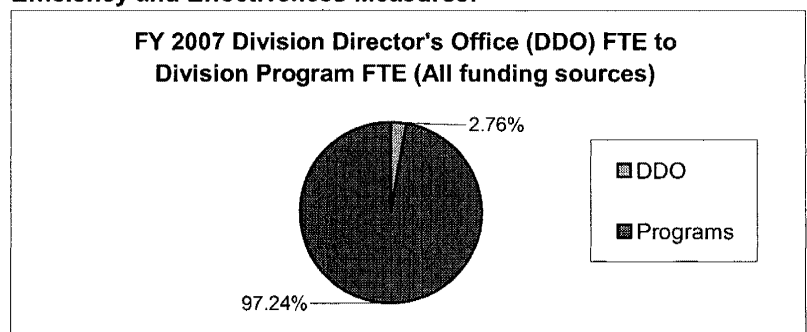
Who is eligible?

Not applicable.

How many people have been served?

Type of Population Served	Number Served
Skilled Nursing Facilities (SNF)	497
Intermediate Care Facilities (ICF)	37
Assisted Living Facilities (ALF)	120
Residential Care Facilities (RCF)	495
Licensed Nursing Home Administrators	1,533
Residents	54,243
Hospitals	160
Ambulatory Surgical Centers	106
End Stage Renal Dialysis Centers	123
Rural Health Clinics	334
Laboratory Services	4,200
Mammography Services	180
Radiation Usage/Radiology	5,020
Home Health Agencies	194
Hospice Agencies	101
Therapy Providers	65
Comprehensive Outpatient Rehabilitation Facilities	5
Emergency Medical Technicians, Basic	12,236
Emergency Medical Technicians, Paramedic	5,760
Ground Ambulance	214
Air Ambulance	15
Registrants to Prescribe/Dispense Controlled Substances	26,000+
Licensed Child Care Facilities	3,857

Efficiency and Effectiveness Measures:



Division of Regulation and Licensure - Home Care and Rehabilitative Standards

What does this appropriation support?

The Bureau of Home Care and Rehabilitative Standards (HCRS) inspects home health agencies and hospice facilities to assure state/federal requirements are met, patient rights are protected/promoted, and quality care is provided. HCRS also contracts with the Centers for Medicare and Medicaid Services (CMS) to certify home health agencies, hospices, comprehensive outpatient rehabilitation facilities (CORF), and providers of outpatient physical therapy (OPT). A federally mandated toll-free "hotline" is maintained for the purpose of receiving questions about agencies or for patients to lodge complaints concerning their provider agency or quality of care issues. This hotline is consolidated with the Central Registry Unit for efficiency. HCRS investigates allegations of inappropriate care and other patient concerns. In addition to regulatory oversight, HCRS staff provide educational presentations to the industry, councils, agencies, and boards.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 197.400 - 197.477, RSMo. (Home Health); Section 197.250 - 197.280, RSMo. (Hospice).

Federal law: Sect. 1861, 1864, 1891 of the Social Security Act.

Federal regulation: 42 CFR 484.1 - 484.260 (Home Health); 42 CFR 418.1 - 418.405 (Hospice); 42 CFR 485.701 - 485.729 (OPT); 42 CFR 485.50 - 485.74 (CORF).

Is this a federally mandated program?

Yes, Section 1864 of the Social Security Act directs the federal government to use the help of state health agencies when determining whether health care entities meet federal Medicare standards.

Are there federal matching requirements?

No.

Does this program generate other revenues?

Yes, Hospice license - sliding scale from \$250-\$750 annually based on annual admissions; in state Fiscal Year 2007, \$56,328 was collected. Home health agency license - \$600 annually; in state Fiscal Year 2007, \$129,100 was collected. All fees are deposited in general revenue.

DHSS Budget Book, Home Care and Rehabilitative Standards, page 476

Governor Recommended New Decision Items:

Not applicable.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$193,705	\$236,986	\$251,398	\$259,173
FEDERAL	\$446,294	\$511,229	\$516,317	\$516,317
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$639,999	\$748,215	\$767,715	\$775,490

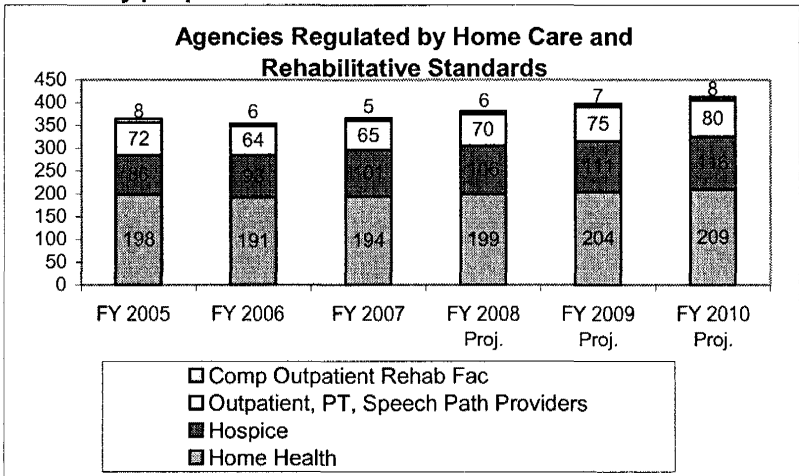
What are the sources of other funds?

Not applicable.

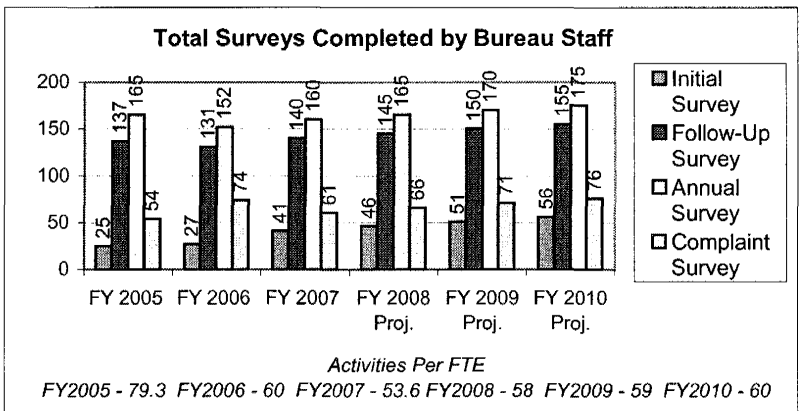
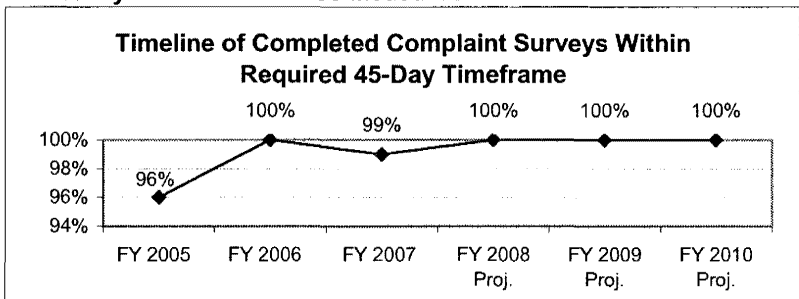
Who is eligible?

All home health agencies and hospices operating in Missouri must be licensed. Home health agencies, hospices, comprehensive outpatient rehabilitation facilities and outpatient physical therapy entities receiving Medicare payments must be surveyed and certified by the program.

How many people have been served?



Efficiency and Effectiveness Measures:



Division of Regulation and Licensure - Health Services Regulation

What does this appropriation support?

Health Services Regulation is responsible for the regulation and/or licensing of certain health care facilities in Missouri, including hospitals, ambulatory surgical centers (ASC), birthing centers, rural health clinics (RHC), clinical laboratories, and end stage renal disease (ESRD) (dialysis) centers. It also monitors medical and industrial radiation equipment usage and procedures. Health Services Regulation conducts both routine and non-routine inspections of health facilities as directed by state or federal statute. The bureau also conducts investigations of complaints against health care facilities in order to assure minimal standards and requirements for patient safety and care are met.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Section 197.010-197.120, RSMo. (hospitals); Section 197.200-197.240, RSMo. (ASCs); Sections 197.285-197.297, RSMo. (hospitals and ASCs); Sections 197.700-197.705, RSMo. (medical staffing); Sections 192.400-192.510, RSMo. (radiation control); Sections 192.760-192.766, RSMo. (mammography); Sections 197.150-197.165, RSMo. and Sections 197.293-197.294, RSMo. (infection control).
Federal law: Sections 1819, 1864, 1902, 1919 of the Social Security Act; Mammography Quality Standards Act; Clinical Laboratory Improvement Amendments.
Federal regulation: 21 CFR 900.1 – 900.25 (Mammography); 42 CFR 488.1 – 488.456 (Certified Facilities); 42 CFR 493.1 – 493.2001 (Laboratories).

Is this a federally mandated program?

Yes, Section 1864 of the Social Security Act directs the Federal Government to use the help of state health agencies when determining whether health care entities meet Federal Medicare standards. Section 1902 of the Social Security Act requires that the state agency responsible for licensing health institutions determine whether entities meet the requirements for participation in Medicaid.

Are there federal matching requirements?

Yes, the program is required to match Medicaid (Title XIX) funds at a state match rate of 25 percent.

Does this program generate other revenues?

Yes, hospital license - \$250 plus \$3/bed up to 400 beds and \$2 bed/over 400 beds annually; in Fiscal Year 2007, \$85,398 was collected. ASCs - \$200 annually; in Fiscal Year 2007, \$21,600 was collected. Hospital and ASC fees are deposited in general revenue. Mammography - \$100/machine for initial and annual inspections, or reinspection for reinstatement; evaluation for compliance with Section 192.762, RSMo. - first machine - \$500, additional machines - \$400; in Fiscal Year 2007, \$99,733 was collected and deposited in the Mammography Fund.

DHSS Budget Book, Health Services Regulation, page 479

Governor Recommended New Decision Items:
Not applicable.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$819,644	\$820,728	\$1,014,986	\$1,046,377
FEDERAL	\$1,322,288	\$1,518,304	\$1,580,230	\$1,580,230
OTHER	\$37,129	\$46,144	\$73,158	\$73,158
TOTAL	\$2,179,061	\$2,385,176	\$2,668,374	\$2,699,765

What are the sources of other funds?

Mammography Fund (0293).

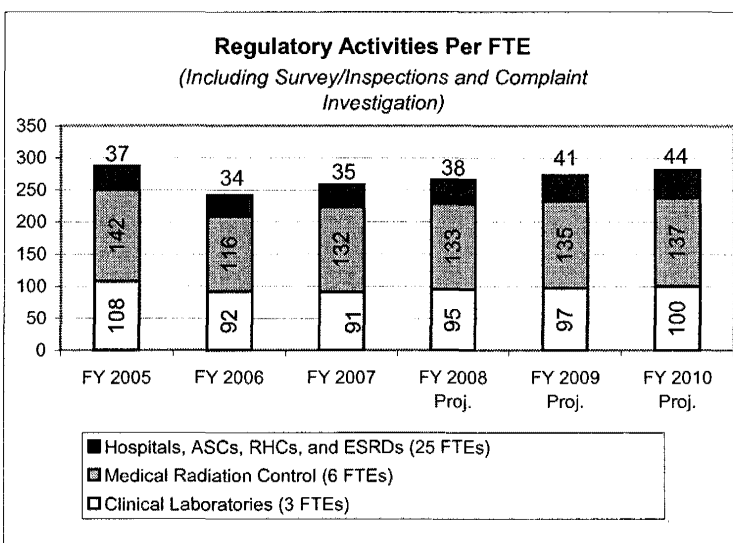
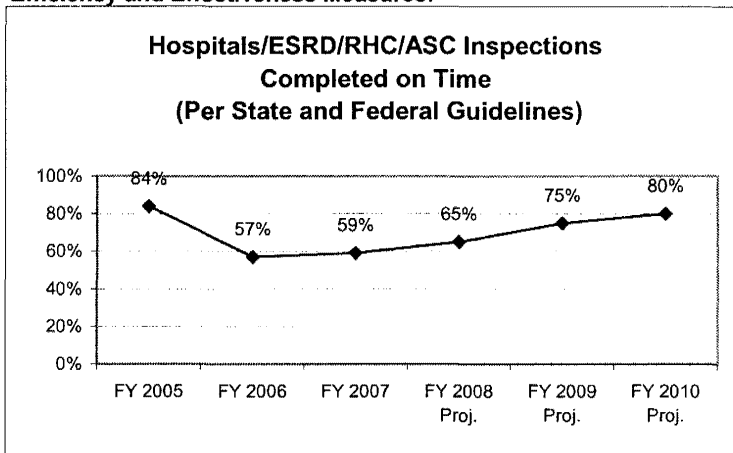
Who is eligible?

Entities operating hospitals, ASCs, birthing centers, RHCs, clinical laboratories, and ESRD facilities, as well as entities using medical and industrial radiation equipment, must comply with applicable state/federal requirements.

How many people have been served?

Facility Type	# of Facilities/Providers
Hospitals	160
Ambulatory Surgical Centers (ASC)	104
End Stage Renal Dialysis Centers (ESRD)	123
Rural Health Clinics (RHC)	334
Birthing Centers	1
Abortion Centers	1
Laboratory Services	4,200
Mammography Services	180
Radiation Usage/Radiology	5,020

Efficiency and Effectiveness Measures:



Division of Regulation and Licensure - Board of Nursing Home Administrators (BNHA)

What does this appropriation support?

The BNHA consists of ten individuals appointed by the director of the Department of Health and Senior Services. The board is responsible for promulgating regulations that establish qualifications for licensure, testing standards, and license renewal requirements of individuals who serve as a nursing home administrator in a skilled, intermediate care, assisted living facility, or residential care facility that follows the residential care facility II regulations. The board also conducts hearings affording due process of law upon charges calling for discipline of a licensee. State staff assigned to the board evaluate the applicant's qualifications for licensure; maintain and administer the state licensure exam; issue licenses; approve, issue, and extend temporary emergency licenses; monitor continuing education programs; audit license renewal applications; renew the license of qualified licensees; maintain accurate records and minutes of all meetings; and maintain a database of all persons holding a nursing home administrator's license.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Chapter 344, RSMo.

Federal law: Social Security Act, Requirements for Nursing Facilities, Section 1818(d)(1)(C), (e)(4), and (f)(4) and Section 1919(d)(1)(C), (e)(4), and (f)(4).

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$85,293	\$92,235	\$97,017	\$100,018
FEDERAL	\$14,441	\$12,441	\$14,265	\$14,265
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$99,734	\$104,676	\$111,282	\$114,283

What are the sources of other funds?

Not applicable.

Who is eligible?

Individuals desiring to be a licensed nursing home administrator. Licensure is a requirement for administrators in skilled, intermediate care, assisted living facilities, and residential care facilities that follow the residential care facility II regulations.

Is this a federally mandated program?

Yes.

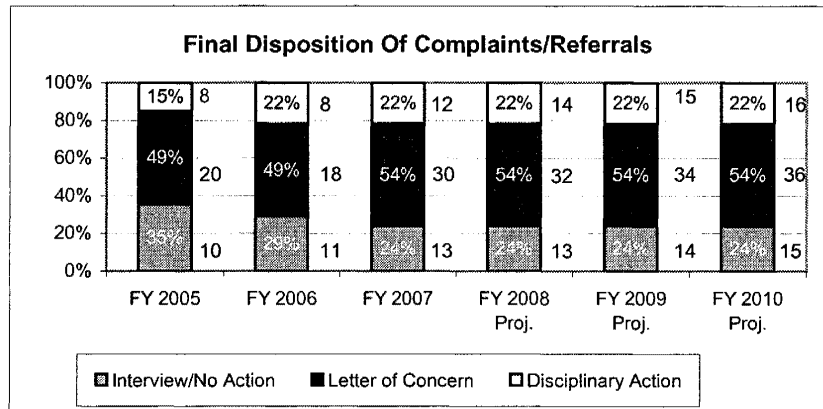
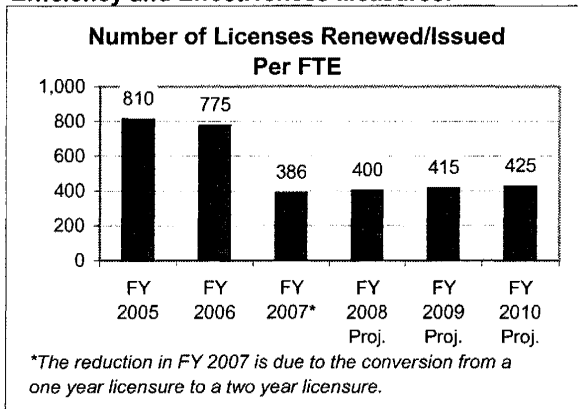
Are there federal matching requirements?

No.

Does this program generate other revenues?

Yes, \$100 application review fee, \$75 state exam fee, \$100 for two-year license renewal fee, \$10 per clock hour for review and approval of courses, \$25 for retired license. In Fiscal Year 2007, \$113,986 was collected. All fees are deposited in general revenue.

Efficiency and Effectiveness Measures:



How many people have been served?

	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
Initial Applications for Licensure	185	159	227	200	210	220
New Licenses Issued	85	97	87	97	107	117
Nursing Home Administrator Exams- Federal and State	267	252	303	265	275	285
Licenses Renewed*	1,536	1,549	772	782	792	802
Legal Actions - Complaints/ Disciplinary Proceedings	18	17	15	17	18	19

* Converted to two-year licensure in 2007.

DHSS Budget Book, Board of Nursing Home Administrators, page 483

Governor Recommended New Decision Items:

Not applicable.

Division of Regulation and Licensure - Long Term Care Program

What does this appropriation support?

The program licenses and inspects long-term care facilities (skilled nursing facilities, residential care facilities, and assisted living facilities) and adult day care facilities; takes enforcement actions as needed against non-compliant facilities; reviews and approves licensure applications; completes building plan reviews; and administers the certified nurse aide (CNA) program. In addition, the program conducts federal surveys and certifies long-term care and intermediate care facilities for the mentally retarded for participation in the Medicare and Medicaid programs, conducts training, and reviews Medicaid pre-admission screening documents and resident assessments.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Chapter 198, RSMo., and Sections 660.050, 660.315, 660.317, and 660.400-660.420, RSMo.

Federal law: Sections 1819, 1864, 1902, and 1919 of the Social Security Act.

Federal regulation: 42 CFR 456, 42 CFR 483, and 42 CFR 488.

Is this a federally mandated program?

Yes, Section 1864 of the Social Security Act directs the federal government to use the help of state health agencies when determining whether health care entities meet federal Medicare standards. Section 1902 of the Social Security Act requires that the state agency responsible for licensing health institutions determine whether entities meet the requirements for participation in Medicaid.

Are there federal matching requirements?

Yes, the program is required to match Medicaid (Title XIX) funds at a state match rate of either 25 or 50 percent.

Does this program generate other revenues?

Yes, adult day care license - \$25 to \$100 depending on number of clients for a two-year license; \$5,275 collected in Fiscal Year 2007 deposited in general revenue. Long term care facility license - \$100 to \$600 depending on number of beds, also \$25 to \$500 for amendments depending on type and magnitude; \$207,053 collected in Fiscal Year 2007 deposited in Nursing Facility Quality Care (NFQC) Fund. Long term care certification fee - \$1,000 annually; \$508,133 collected in Fiscal Year 2007 deposited in NFQC Fund. Penalties of \$322,369 were also collected and deposited in the NFQC fund during Fiscal Year 2007.

Who is eligible?

Individuals/entities operating adult day cares, skilled nursing facilities, residential care facilities, assisted living facilities, and intermediate care for the mentally retarded facilities must comply with appropriate state and federal licensure and certification laws and regulations. Individuals employed in long-term care facilities as certified nurse aides (CNA) must complete a state-approved training course and be in good standing on the CNA registry.

DHSS Budget Book, Long Term Care, page 485

Governor Recommended New Decision Items:

Not applicable.

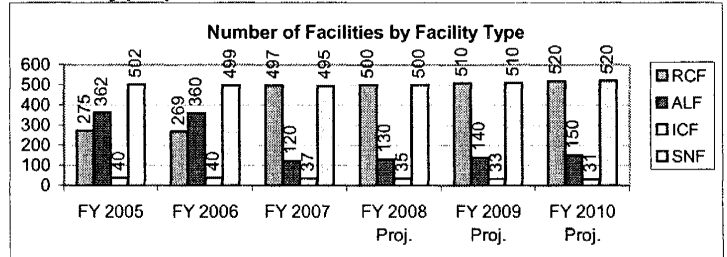
What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$3,478,483	\$4,148,042	\$5,572,877	\$5,745,234
FEDERAL	\$5,504,516	\$5,931,751	\$7,376,749	\$7,374,749
OTHER	\$680,044	\$838,708	\$1,515,153	\$1,947,634
TOTAL	\$9,663,043	\$10,918,501	\$14,464,779	\$15,067,617

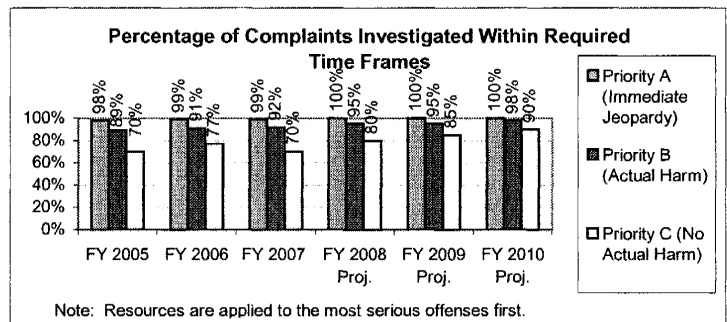
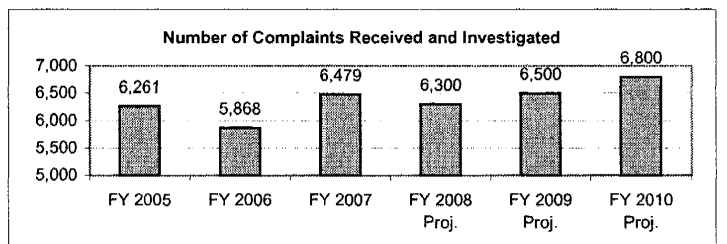
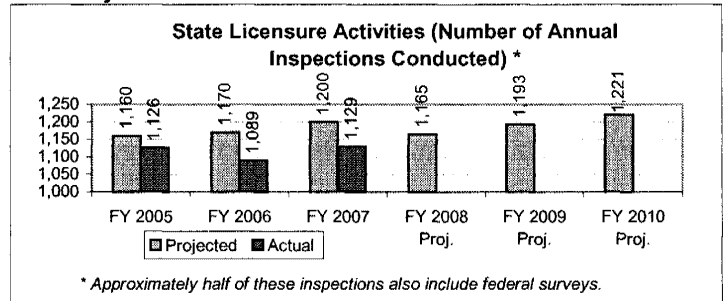
What are the sources of other funds?

Nursing Facility Quality Care Fund (0271).

How many people have been served?



Efficiency and Effectiveness Measures:



Division of Regulation and Licensure - Emergency Medical Services

What does this appropriation support?

The Unit of Emergency Medical Services (EMS) implements the Comprehensive EMS Act of 1998 which helps to protect the health, safety, and welfare of the public by assuring that emergency medical services meet established standards. EMS inspects and licenses ambulance services and emergency medical response agencies, inspects and accredits training entities, examines and licenses emergency medical technicians and paramedics, and reviews and designates trauma centers. Information and data collected by the unit includes head and spinal cord/trauma data and Missouri Ambulance Reporting Form (MARF) data. The unit oversees the emergency medical services for the children's program and also establishes standards for emergency medical technician (EMT) curriculum development.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 190.001 - 190.537, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

No.

Who is eligible?

Anyone providing ground or air ambulance services and emergency medical response agencies (EMRA) must be licensed. Entities providing training to EMS personnel must be accredited. Individuals desiring to be emergency medical technicians (both basic and paramedic levels) must obtain the required training, pass the appropriate examinations, and apply for and obtain a license. Hospitals desiring to be a trauma center must apply and be designated as such.

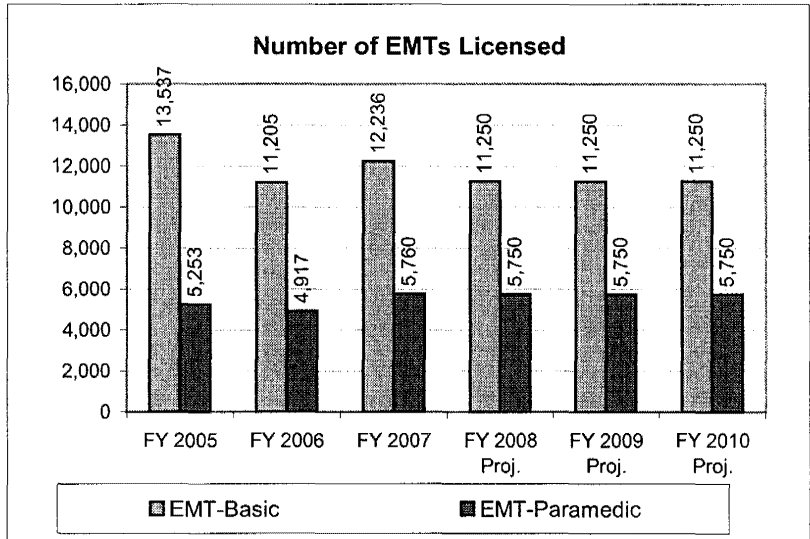
What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$209,952	\$153,211	\$314,304	\$324,025
FEDERAL	\$270,013	\$268,254	\$402,056	\$402,056
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$479,965	\$421,465	\$716,360	\$726,081

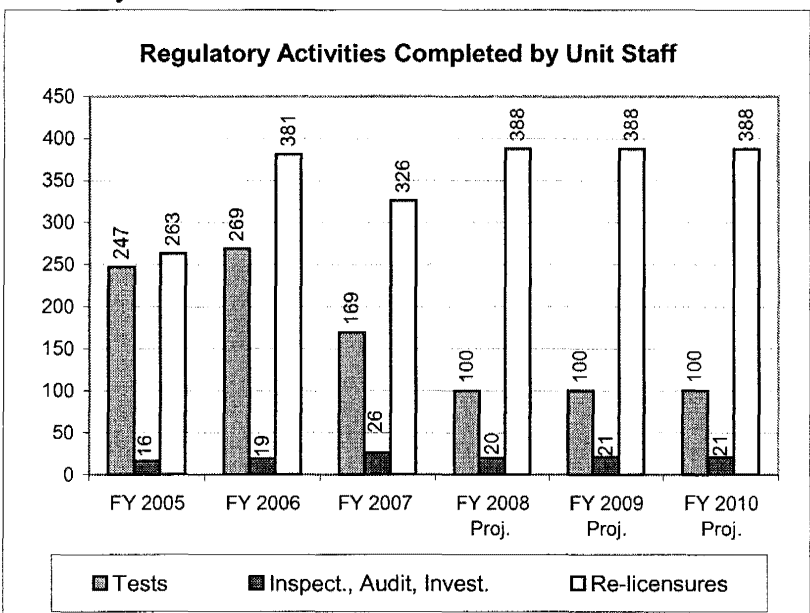
What are the sources of other funds?

Not applicable.

How many people have been served?



Efficiency and Effectiveness Measures:



Division of Regulation and Licensure - Narcotics and Dangerous Drugs (BNDD)

What does this appropriation support?

The Bureau of Narcotics and Dangerous Drugs maintains a registry of all entities and individuals that conduct activities with controlled substances. The intent of the program is to identify the diversion or misuse of controlled substances without prohibiting their appropriate and effective use. This is accomplished through regulation of the distribution and use of these substances; enforcement of relevant laws; and education of health professionals, other regulatory and law enforcement agencies, and the public. Registrants consist of physicians, dentists, veterinarians, pharmacies, researchers, hospitals, ambulatory surgical centers, and other entities.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 195.005 - 195.425, RSMo.
Federal law: 21 USC 823 and 958.
Federal regulation: 21 CFR 1301.14.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

Manufacturers, distributors, importers/exporters pay a \$200 registration fee every three years. Dispensers and those conducting research or instructional activities or chemical analysis are required to pay a \$90 registration fee every three years. Individual practitioners dispensing at temporary locations pay a \$30 annual registration, and there is a \$10 late fee on expired registrations. In Fiscal Year 2007, \$778,671 was collected. All fees are deposited in general revenue.

Who is eligible?

All entities and individuals that conduct activities with controlled substances are required to obtain a registration.

DHSS Budget Book, Narcotics and Dangerous Drugs, page 492

Governor Recommended New Decision Items:
Prescription Drug Monitoring, Page 498

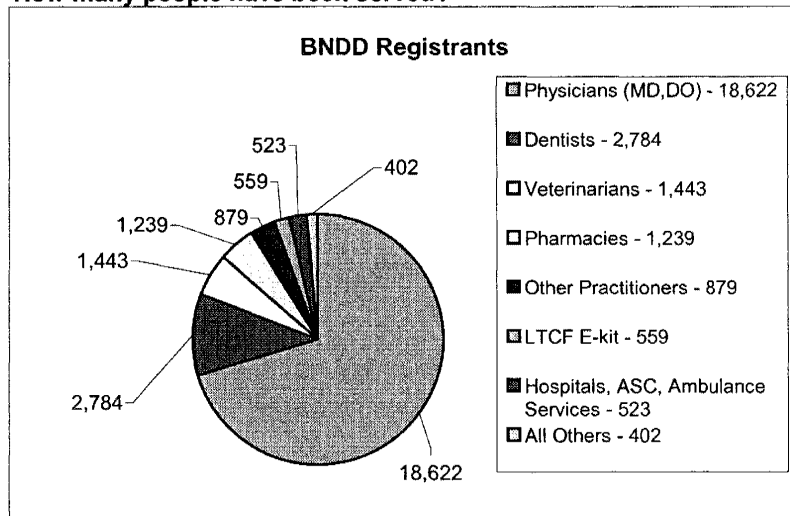
What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$339,575	\$382,161	\$402,175	\$414,613
FEDERAL	\$5,185	\$992	\$0	\$0
OTHER	\$65,641	\$69,761	\$79,073	\$81,519
TOTAL	\$410,401	\$452,914	\$481,248	\$496,132

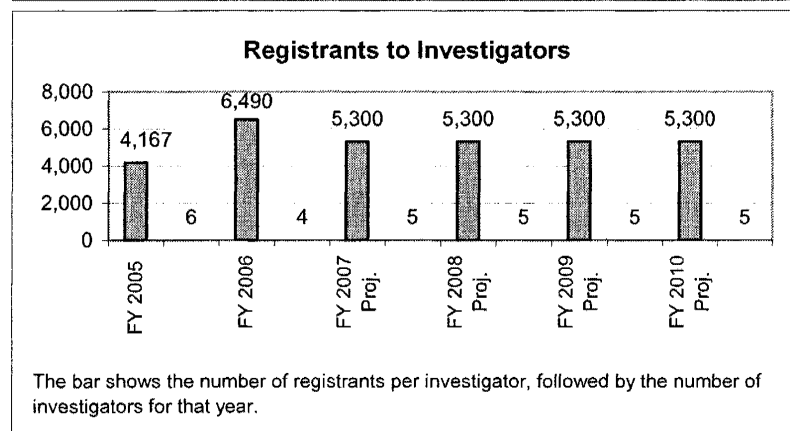
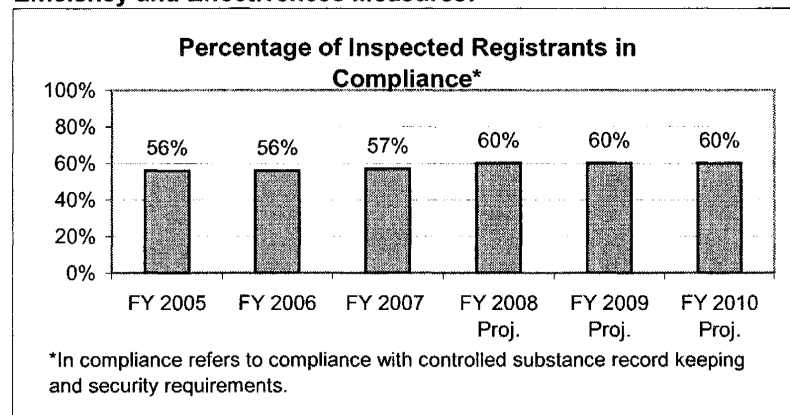
What are the sources of other funds?

Health Access Incentive Fund (0276).

How many people have been served?



Efficiency and Effectiveness Measures:



Division of Regulation and Licensure - Family Care Safety Registry

What does this appropriation support?

The Family Care Safety Registry (FCSR) provides background screenings to families and other employers who want to hire a caregiver for a child, the elderly, or a disabled individual. Caregivers in these categories are required to register with the FCSR. After registration, a background screening is performed using a computer interface to obtain criminal history; Sex Offender Registry; child abuse and neglect information; child care licensure status; employee disqualification lists for health and senior services and mental health; and foster parent license denials, revocations, and involuntary suspensions. Caregivers are required to register only once. Program staff respond to requests for background screening received on a toll-free telephone number (required by section 210.918, RSMo), internet service, facsimile, or mail. Background screening information is provided at no cost to the employer or family.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 210.900 to 210.936, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

Yes, the program is required to match Medicaid (Title XIX) funds at a state match rate of 50 percent.

Does this program generate other revenues?

Each caregiver is required to pay a one-time registration fee which is tied to the fee for a criminal background check set by the Highway Patrol. The fees are deposited into the Missouri State Highway Patrol's Criminal Record Repository Fund.

Who is eligible?

Anyone hired as a caregiver for a child, the elderly, or a disabled individual must register with the FCSR. Any employer of such a caregiver may request background screening information.

DHSS Budget Book, Family Care Safety Registry, page 495

Governor Recommended New Decision Items:

Not applicable.

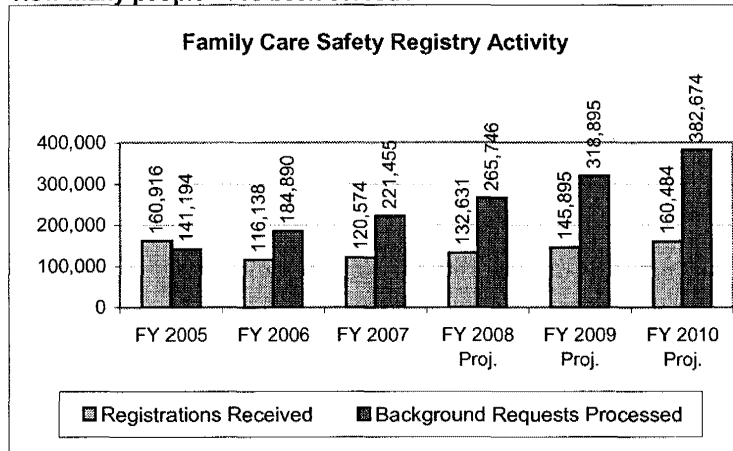
What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$690,678	\$703,866	\$698,683	\$720,292
FEDERAL	\$38,464	\$103,287	\$103,581	\$103,581
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$729,142	\$807,153	\$802,264	\$823,873

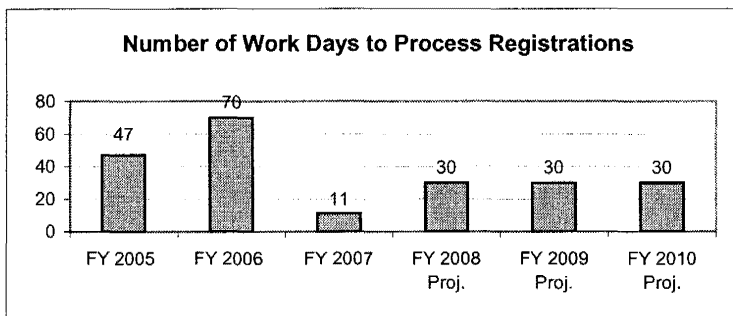
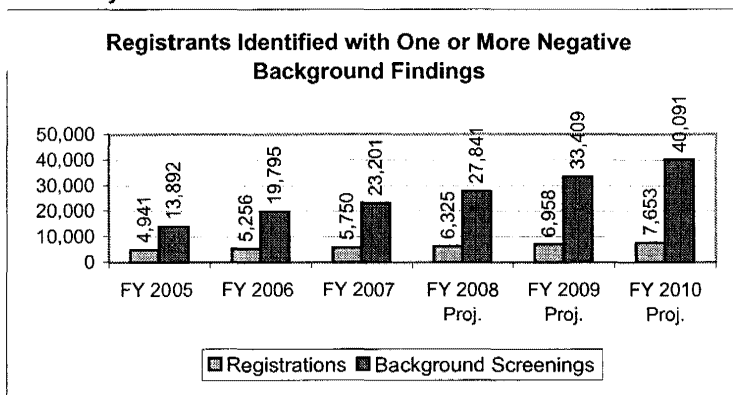
What are the sources of other funds?

Not applicable.

How many people have been served?



Efficiency and Effectiveness Measures:



Division of Regulation and Licensure - Child Care Regulation

What does this appropriation support?

Child Care Regulation is responsible for the inspection, licensure, and regulation of child care programs in Missouri. Child care rules provide minimum health and safety standards to protect children in child care settings. Semi-annual inspections of licensed child care programs and annual inspections of regulated programs are conducted to monitor compliance with child care rules. Complaint investigations are conducted as needed. The program coordinates annual fire safety inspections conducted by the State Fire Marshal's Office. Staff provide consultation to help child care providers achieve and maintain compliance with rules. A contract with the Missouri Child Care Resource and Referral Network provides inclusion services to providers and families with special needs children, assists families looking for child care, and coordinates statewide training for child care providers. Health consultation for providers and families and sanitation inspections of providers are carried out by the Division of Community and Public Health in coordination with the child care regulation program.

Where is the program located?

Statewide.

What is the authorization for this program?

State statutes: Sections 210.199 to 210.275, RSMo. Federal law: Personal Responsibility and Work Opportunity Act of 1996 (governs the Child Care Development Fund).

Is this a federally mandated program?

Yes, the program receives federal Child Care Development Fund (CCDF) monies from the Department of Social Services (DSS) through a memorandum of understanding in order to improve the quality and availability of safe and healthy child care. DSS is the lead agency in Missouri for CCDF funding from the federal government. A minimum of 4 percent of the CCDF funds must be used to improve the quality of child care.

Are there federal matching requirements?

Yes, funding for this program is provided through the Maternal and Child Health Block Grant, which is matched at the departmental level.

Does this program generate other revenues?

No.

DHSS Budget Book, Child Care, page 509

Governor Recommended New Decision Items:

Not applicable.

What are the expenditures?

	FY 2006	FY 2007	FY 2008	FY 2009
	Actual	Actual	Planned	Gov. Rec.
GR	\$2,084,402	\$1,822,755	\$1,967,930	\$2,028,794
FEDERAL	\$2,442,885	\$2,537,466	\$2,159,415	\$2,159,415
OTHER	\$786,612	\$817,855	\$987,063	\$987,063
TOTAL	\$5,313,899	\$5,178,076	\$5,114,408	\$5,175,272

NOTE: FY 2007 expenditures include child care sanitation inspection contract expenditures. The funds for these contracts were reallocated to the Division of Community and Public Health in the FY 2008 budget.

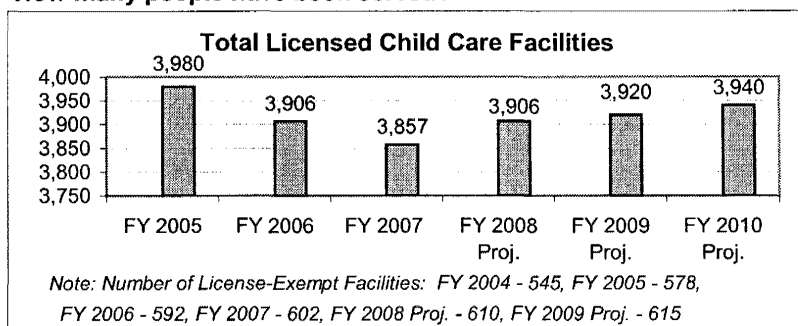
What are the sources of other funds?

Early Childhood Development, Education, and Care (0859).

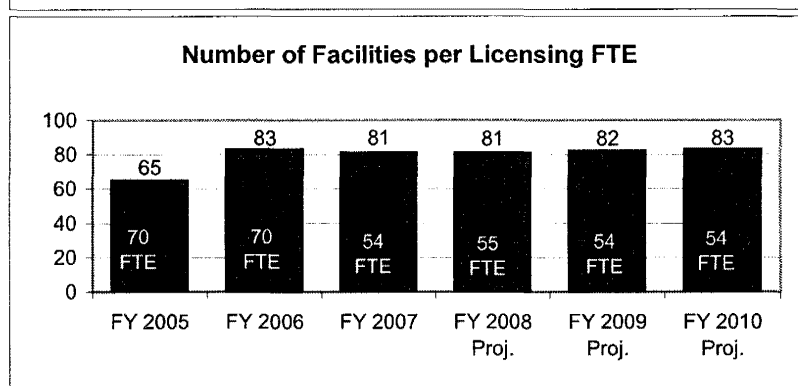
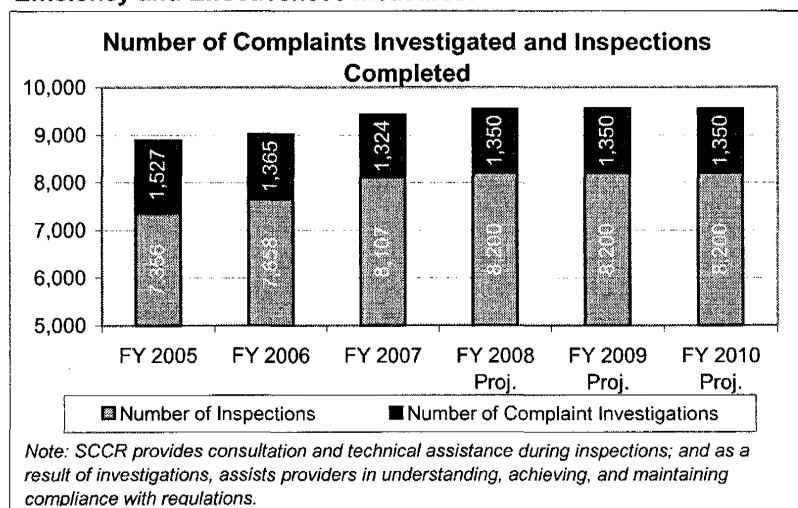
Who is eligible?

Anyone caring for more than four unrelated children must be licensed, except for those identified as exempt in Section 210.211, RSMo.

How many people have been served?



Efficiency and Effectiveness Measures:



Division of Regulation and Licensure - Missouri Health Facilities Review Committee

What does this appropriation support?

The Missouri Health Facilities Review Committee (MHFRC) administers the Certificate of Need (CON) Program whose mission is to achieve the highest level of health for Missourians through cost containment, reasonable access, and public accountability. This is accomplished by:

- 1) Reviewing proposed health care services;
- 2) Addressing community need;
- 3) Managing health costs;
- 4) Promoting economic value;
- 5) Negotiating competing interests;
- 6) Preventing unnecessary duplication; and
- 7) Disseminating health-related information to interested and affected persons.

Where is the program located?

Statewide; members of the committee are appointed from throughout the state.

What is the authorization for this program?

State statutes: Sections 197.300 - 197.366, RSMo.

Is this a federally mandated program?

No.

Are there federal matching requirements?

No.

Does this program generate other revenues?

Yes, a fee of \$1,000 or one-tenth of one percent of the total cost of the proposed project, whichever is greater is assessed for each application. In Fiscal Year 2007, \$296,160 was collected. All fees are deposited in general revenue.

What are the expenditures?

	FY 2006 Actual	FY 2007 Actual	FY 2008 Planned	FY 2009 Gov. Rec.
GR	\$144,655	\$152,282	\$154,964	\$159,757
FEDERAL	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0
TOTAL	\$144,655	\$152,282	\$154,964	\$159,757

What are the sources of other funds?

Not applicable.

Who is eligible?

Owners and/or operators who propose to establish or expand a health care facility or major medical equipment in excess of the CON expenditure minimums must apply for a CON.

How many people have been served?

Types of Clients Served in FY 2007	
Potential/actual applicants	2,250
Information dissemination	400
Public meetings/hearings	500
TOTAL CLIENTS	3,150

Efficiency and Effectiveness Measures:

Health service capital expenditures, which were prevented through Certificate of Need regulation, are 153 times greater than the funds appropriated to administer the program. The investment made to cover expenditures is small when compared to the large amount of capital saved. Agency expenditures are more than recovered by application fees.

Item	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Proj.	FY 2009 Proj.	FY 2010 Proj.
Non-applicability proposals reviewed	65	86	54	60	60	60
Consultations	2,200	2,100	2,000	2,000	2,000	2,000
Full CON applications reviewed*	69	60	47	50	50	50
Expedited CON applications reviewed	N/A	N/A	60	65	65	65

*FY 2005 and FY 2006 include both full and expedited applications. Beginning with FY 2007, a separate number is shown for each category of application.

DHSS Budget Book, Missouri Health Facilities Review Committee, page 522

Governor Recommended New Decision Items:

Not applicable.